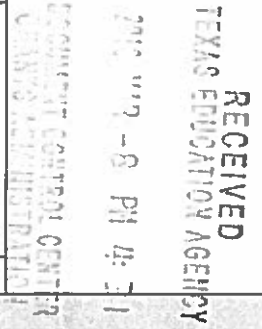


# Texas Education Agency Standard Application System (SAS)

<b>2018–2019 Services to Students with Autism</b>		
<b>Program authority:</b>	Texas Education Code, 29.026 as added by House Bill 21, Section 3, 85 <sup>th</sup> Texas Legislature, 2017	<b>FOR TEA USE ONLY</b> <small>Write NOGA ID here:</small>
<b>Grant Period:</b>	May 1, 2018, to August 31, 2019	
<b>Application deadline:</b>	5:00 p.m. Central Time, March 8, 2018	<small>Place date stamp here.</small>
<b>Submittal information:</b>	<p>Applicants must submit one original copy of the application with an original signature, and two copies of the application, printed on one side only and signed by a person authorized to bind the applicant to a contractual agreement, must be received no later than the aforementioned date and time at this address:</p> <p style="text-align: center;">Document Control Center, Grants Administration Division Texas Education Agency, 1701 North Congress Ave. Austin, TX 78701-1494</p>	
<b>Contact information:</b>	Amy Kilpatrick, (512) 463-9414, amy.kilpatrick@tea.texas.gov	

### Schedule #1—General Information

#### Part 1: Applicant Information

Organization name	County-District #	Amendment #	
Liberty Hill ISD	246908		
Vendor ID #	ESC Region #		
	13		
Mailing address	City	State	ZIP Code
301 Forrest St	Liberty Hill	TX	78642-
<b>Primary Contact</b>			
First name	M.I.	Last name	Title
Elyse	L	Tarlton	Director
Telephone #	Email address		FAX #
512-260-5590	etarlton@libertyhill.txed.net		512-260-5591
<b>Secondary Contact</b>			
First name	M.I.	Last name	Title
Jennifer		Hannah	Chief Financial Officer
Telephone #	Email address		FAX #
512-260-5580	jhannah@libertyhill.txed.net		512-260-5581
<b>Part 2: Certification and Incorporation</b>			

I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the organization named above has authorized me as its representative to obligate this organization in a legally binding contractual agreement. I further certify that any ensuing program and activity will be conducted in accordance with all applicable federal and state laws and regulations, application guidelines and instructions, the general provisions and assurances, debarment and suspension certification, lobbying certification requirements, special provisions and assurances, and the schedules attached as applicable. It is understood by the applicant that this application constitutes an offer and, if accepted by the Agency or renegotiated to acceptance, will form a binding agreement.

#### Authorized Official:

First name	M.I.	Last name	Title
Elyse	L	Tarlton	Director
Telephone #	Email address		FAX #
512-260-5590	etarlton@libertyhill.txed.net		512-260-5591
Signature (blue ink preferred)	Date signed		



3/8/18

Only the legally responsible party may sign this application.

Schedule #1—General Information	
County-district number or vendor ID:	Amendment # (for amendments only):
Part 3: Schedules Required for New or Amended Applications	

An X in the "New" column indicates a required schedule that must be submitted as part of any new application. The applicant must mark the "New" checkbox for each additional schedule submitted to complete the application. For amended applications, the applicant must mark the "Amended" checkbox for each schedule being submitted as part of the amendment.

Schedule #	Schedule Name	Application Type	
		New	Amended
1	General Information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Required Attachments and Provisions and Assurances	<input checked="" type="checkbox"/>	N/A
3	Certification of Shared Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Request for Amendment	N/A	<input checked="" type="checkbox"/>
5	Program Executive Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Program Budget Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Payroll Costs (6100)	*See important note for competitive grants	<input type="checkbox"/>
8	Professional and Contracted Services (6200)		<input type="checkbox"/>
9	Supplies and Materials (6300)		<input type="checkbox"/>
10	Other Operating Costs (6400)		<input type="checkbox"/>
11	Capital Outlay (6600)		<input type="checkbox"/>
12	Demographics and Participants to Be Served with Grant Funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Project Evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Responses to Statutory Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Responses to TEA Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**\*IMPORTANT NOTE FOR COMPETITIVE GRANTS:** Schedules #7, #8, #9, #10 and #11 are required schedules if any dollar amount is entered for the corresponding class/object code on Schedule #6—Program Budget Summary. For example, if any dollar amount is budgeted for class/object code 6100 on Schedule #6—Program Budget Summary, then Schedule #7—Payroll Costs (6100) is required. If it is either blank or missing from the application, the application will be disqualified.

For TEA Use Only	
Changes on this page have been confirmed with:	On this date:
_____ Via telephone/fax/email (circle as appropriate)	_____ By TEA staff person:

Schedule #2—Required Attachments and Provisions and Assurances	
County-district number or vendor ID: 246908	Amendment # (for amendments only):
<b>Part 1: Required Attachments</b>	

The following table lists the fiscal-related and program-related documents that are required to be submitted with the application (attached to the back of each copy, as an appendix).

#	Applicant Type	Name of Required Fiscal-Related Attachment
No fiscal-related attachments are required for this grant.		
#	Name of Required Program-Related Attachment	Description of Required Program-Related Attachment
No program-related attachments are required for this grant.		
<b>Part 2: Acceptance and Compliance</b>		

By marking an X in each of the boxes below, the authorized official who signs Schedule #1—General Information certifies his or her acceptance of and compliance with all of the following guidelines, provisions, and assurances. **Note that provisions and assurances specific to this program are listed separately, in Part 3 of this schedule, and require a separate certification.**

	Acceptance and Compliance
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the <u>General and Fiscal Guidelines</u> .
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the <u>program guidelines for this grant</u> .
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with all <u>General Provisions and Assurances</u> requirements.
<input checked="" type="checkbox"/>	I certify that I am not debarred or suspended. I also certify my acceptance of and compliance with all <u>Debarment and Suspension Certification</u> requirements.

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<b>Schedule #2—Required Attachments and Provisions and Assurances</b>	
County-district number or vendor ID: 246908	Amendment # (for amendments only):
<b>Part 3: Program-Specific Provisions and Assurances</b>	

I certify my acceptance of and compliance with all program-specific provisions and assurances listed below.

#	Provision/Assurance
1.	The applicant provides assurance that program funds will supplement (increase the level of service), and not supplant (replace) state mandates, State Board of Education rules, and activities previously conducted with state or local funds. The applicant provides assurance that state or local funds may not be decreased or diverted for other purposes merely because of the availability of these funds. The applicant provides assurance that program services and activities to be funded from this grant will be supplementary to existing services and activities and will not be used for any services or activities required by state law, State Board of Education rules, or local policy.
2.	The applicant provides assurance that the application does not contain any information that would be protected by the Family Educational Rights and Privacy Act (FERPA) from general release to the public.
3.	The applicant provides assurance that the program will operate as an independent campus or a separate program from the campus in which the program is located, with a separate budget.
4.	The applicant provides assurance that the program will give priority for enrollment to students with autism.
5.	The applicant provides assurance that the program will limit enrollment and services to students who are at least three years of age and younger than nine years of age or are enrolled in the third grade or a lower grade level.
6.	The applicant provides assurance that the program will allow a student who turns nine years of age or older during a school year to remain in the program until the end of that school year.
7.	The applicant provides assurance that the local educational program (LEA) will not charge a fee for the program, other than those authorized by law for students in public schools.
8.	The applicant provides assurance that the LEA will not require a parent to enroll a child in the program.
9.	The applicant provides assurance that the LEA will not allow an admission, review, and dismissal committee to place a student in the program without the written consent of the student's parent or guardian.
10.	The applicant provides assurance that the LEA will not continue the placement of a student in the program after the student's parent or guardian revokes consent, in writing, to the student's placement in the program.
11.	The applicant provides assurance that it will develop appropriate systems and processes to collect and report baseline academic and functional data and achievements for students enrolled in the program as required by TEA.
12.	The applicant provides assurance that it will submit data on the academic and functional achievements to TEA, in a TEA approved format, by the requested date. This data may be the basis for awarding continuation grants.

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**Schedule #3—Certification of Shared Services**

County-district number or vendor ID: 246908	Amendment # (for amendments only):
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I, as one of the below member entity authorized officials, certify that to the best of my knowledge, the information contained in this application is correct and complete, that the entity that I represent has authorized me to file this application, and that such authorization action is recorded in the minutes of the local agency's board meeting.

The participating or intermediate education agency named has been designated as the administrative and fiscal agent for this project and is authorized to receive and expend funds for the conduct of this project. The fiscal agent is accountable for all shared services arrangement (SSA) activities and is therefore responsible for ensuring that all funds including payments to members of SSAs are expended in accordance with applicable laws and regulations.

All participating agencies have entered into a written SSA agreement that describes the responsibilities of the fiscal agent and SSA members, including the refund liability that may result from on-site monitoring or audits and the final disposition of equipment, facilities, and materials purchased for this project from funds specified below.

It is understood that the fiscal agent is responsible for the refund for any exceptions taken as a result of on-site monitoring or audits; however, based upon the SSA agreement, which must be on file with the fiscal agent for review, the fiscal agent may have recourse to the member agencies where the discrepancy(ies) occurred.

Any additional funds that result from an increase will not require additional signatures. **Each member identified below acknowledges accountability for the requirements contained in the provisions and assurances listed in Schedule #2, Parts 2 and 3, as applicable.** Each member entity certifies its agreement to participate in this SSA, as stated throughout this grant application.

#	County-District # and Name	Authorized Official Name and Signature	Telephone Number and Email Address	Funding Amount
<b>Fiscal Agent</b>				
1.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
<b>Member Districts</b>				
2.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
3.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
4.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
5.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
6.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
7.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
8.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	

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<b>Schedule #3—Certification of Shared Services (cont.)</b>				
County-district number or vendor ID: 246908			Amendment # (for amendments only):	
#	County-District # and Name	Authorized Official Name and Signature	Telephone Number and Email Address	Funding Amount
<b>Member Districts</b>				
9.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
10.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
11.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
12.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
13.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
14.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
15.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
16.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
17.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
18.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
19.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
20.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
<b>Grand total:</b>				

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**Schedule #4—Request for Amendment**

County-district number or vendor ID: 246908

Amendment # (for amendments only):

**Part 1: Submitting an Amendment**

This schedule is used to amend a grant application that has been approved by TEA and issued a Notice of Grant Award (NOGA). **Do not submit this schedule with the original grant application.** Refer to the instructions to this schedule for information on what schedules must be submitted with an amendment.

An amendment may be submitted by mail *or* by fax. Do not submit the same amendment by both methods. Amendments submitted via email will not be accepted.

If the amendment is mailed, submit three copies of each schedule pertinent to the amendment to the following address: Document Control Center, Grants Administration Division, Texas Education Agency, 1701 N. Congress Ave., Austin, TX 78701-1494.

If the amendment is faxed, submit one copy of each schedule pertinent to the amendment to either of the following fax numbers: (512) 463-9811 or (512) 463-9564.

The last day to submit an amendment to TEA is listed on the [TEA Grant Opportunities](#) page. An amendment is effective on the day TEA receives it in substantially approvable form. All amendments are subject to review and approval by TEA.

**Part 2: When an Amendment Is Required**

For all grants, regardless of dollar amount, prior written approval is required to make certain changes to the application. Refer to the "When to Amend the Application" guidance posted in the Amendment Submission Guidance section of the Grants Administration Division [Administering a Grant](#) page to determine when an amendment is required for this grant. Use that guidance to complete Part 3 and Part 4 of this schedule.

**Part 3: Revised Budget**

			A	B	C	D
#	Schedule #	Class/ Object Code	Grand Total from Previously Approved Budget	Amount Deleted	Amount Added	New Grand Total
1.	Schedule #7: Payroll	6100	\$	\$	\$	\$
2.	Schedule #8: Contracted Services	6200	\$	\$	\$	\$
3.	Schedule #9: Supplies and Materials	6300	\$	\$	\$	\$
4.	Schedule #10: Other Operating Costs	6400	\$	\$	\$	\$
5.	Schedule #11: Capital Outlay	6600	\$	\$	\$	\$
6.	Total direct costs:		\$	\$	\$	\$
7.	Indirect cost ( %):		\$	\$	\$	\$
8.	Total costs:		\$	\$	\$	\$

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On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #4—Request for Amendment (cont.)**

County-district number or vendor ID: 246908      Amendment # (for amendments only):

**Part 4: Amendment Justification**

Line #	Schedule # Being Amended	Description of Change	Reason for Change
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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**Schedule #5—Program Executive Summary**

County-district number or vendor ID: 246908

Amendment # (for amendments only):

Provide a brief overview of the program you plan to deliver. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.

Autism spectrum disorder (ASD) is the fastest growing developmental disability impacting an estimated 1 of every 68 children in the United States. The Texas Legislature began to address the needs for children with ASD between the ages of 3 and 15 in 2014, however there continues to be an unmet need for services and supports for school-age children and their families (Health and Human Services, 2014). ASD is associated with behavioral challenges that impact families and education in the school setting (Health and Human Services, 2014; Yingling, Hock, & Bell, 2017). Problem behaviors associated with ASD include self-injury, aggression, anxiety, compulsions, withdrawal, and extreme emotional outbursts (Peters-Scheffer, Didden, Korzilius, & Sturmey, 2011). These behaviors impact family, community, and school experiences.

Research studies have shown that Early and Intensive Behavioral Intervention (EIBI) based on Applied Behavioral Analysis (ABA) may be effective in increasing intellectual and adaptive functioning in preschool-aged children (Eikeseth, Klintwall, Jahr, & Karlsson, 2012; Peters-Scheffer, Didden, Korzilius, & Sturmey, 2011). Research conducted by Lovaas and colleagues at UCLA (1987) confirmed that children with ASD were able to achieve long-lasting, comprehensive, and large gains after EIBI services were provided. Further, a study reviewing the cost-effectiveness of providing EIBI to children ages 3-22 showed a cost savings per EIBI recipient of over \$275,000 per student by age 22 (Jacobson, Mulick, & Green, 1998).

The EIBI model espoused by the UCLA supports the provision of intense behavioral interventions through a highly structured program. The basis of the program is to address the idea that children with ASD struggle to understand and to communicate with other people. The level of frustration due to the lack of communication skills results in tantrums and other challenging behaviors (Research Autism, 2017). The therapy team develops a program to maximize the child's success and minimize failure using strategies from ABA and positive behavioral support models. In the school setting, students with significant behavioral needs are frequently served in more restrictive settings utilizing specific strategies such as discrete trial training which cannot be replicated in the general education setting. As a result, students with ASD associated behaviors are removed from access to non-disabled peers due to attributes directly connected with their area of disability.

Utilizing the expertise of a Board Certified Behavior Analyst (BCBA), behavior coaches, and well-trained paraprofessionals a model of EIBA can be provided within the context of the general education setting that focuses on addressing deficits in both receptive and expressive language for students with ASD. Embedding the supports within the general education classroom provides several advantages for students with ASD. Students will maintain access to non-disabled peers and positive role models for communication and socially appropriate behavior. Further, students with ASD will continue to have access to the general education curriculum and maintain high expectations for academic achievement and growth. Additionally, the spirit of the Individual with Disabilities Education Act (IDEA) requirements for the provision of instruction in the least restrictive environment (LRE). Research has demonstrated not only social benefits to the EIBI support model, but also cognitive improvements as well. The provision of embedded EIBI supports may provide an improved postsecondary outcomes and opportunities for students receiving these early interventions.

The LHISD proposed program is to develop an EIBI service delivery model to provide services to students ages 3-9 within the general education classroom setting. The EIBI program would require a district team consisting of the following:

- BCBA or behavioral specialist with training in FBA, ABA therapy, discrete trial instruction, and strategies for the instruction of students with ASD.
- Three highly trained EIBI support specialists available to provide support to the three elementary campuses in the LHISD, the EIBI paraprofessional support staff, general education teachers, and also to provide in-home/parent training to support generalization of skills to the home environment.
- Dedicated EIBI paraprofessionals assigned on a one-to-one ration to students participating in the EIBI support program.
- Assitive technology support to allow access to augmentative communication devices to student

The EIBI program would be provided to students on the campus of residence.

Students with ASD would be identified by the EIBI team for participation in the program based on an assessment of adaptive behavior and cognitive functioning. Data collection would be daily behavior report cards (DBRC) to provide

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On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

<b>Schedule #5—Program Executive Summary (cont.)</b>	
County-district number or vendor ID: 246908	Amendment # (for amendments only):
<p>Provide a brief overview of the program you plan to deliver. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.</p> <p>parents with daily information regarding behavior and the level of required supports, and to allow for data collection and analysis.</p> <p>Pre and post EIBI formal assessments will be complete in adapted behavior in the home and educational settings. General education teachers will be asked to participate in a survey pre and post EIBI to describe their perceptions of inclusion of ASD students in the general education classroom setting.</p> <p style="text-align: center;"><b>References</b></p> <p>Elkeseth, S., Klintwall, L., Jahr, E., &amp; Karlsson, P. (2012, April). Outcome for children with autism receiving early and intensive behavioral interventipon in mainstream preschool and kindergarten settings. <i>Research in Autism Spectrum Disorders</i>, pp. 829-835.</p> <p>Jacobson, J. W., Mulick, J. A., &amp; Green, G. (1998). Cost-benefit estimates for early intensive behavioral intervention for young children with autism - general model and single state case. <i>Behavioral Interventions</i>, pp. 201-226.</p> <p>Peters-Scheffer, N., Didden, R., Korzillus, H., &amp; Sturmey, P. (2011). A meta-analytic study on the effectiveness of comprehensive ABA-based early intervention programs for children with Autism Spectrum Disorders. <i>Research in Autism Spectrum Disorders</i>, pp. 60-69.</p> <p>Research Autism. (2017, October 25). <i>Improving the Quality of Life</i>. Retrieved from Research Autism: <a href="http://researchautism.net/autism-interventions/types/behavioural-and-developmental/behavioural/eibi-ucla-yap-model-and-autism">http://researchautism.net/autism-interventions/types/behavioural-and-developmental/behavioural/eibi-ucla-yap-model-and-autism</a></p> <p>Strand, R. C., &amp; Eldevick, S. (2017, August 16). Improvements in problem behavior in a child with autism spectrum diagnosis through synthesized analysis treatment: A replication in an EIBI home program. <i>Behavioral Interventions</i>, pp. 102-111.</p> <p>Texas Health and Human Services. (2014). About the Autism Program. Austin, Texas, United States of America.</p> <p>Yingling, M. E., Hock, R. M., &amp; Bell, B. A. (2017, October 28). Time-lag between diagnosis of autism spectrum disorder and onset of publicly-funded early intensive behavioral intervention: Do race-ethnicity and neighborhood matter? <i>Journal of Autism and Developmental Disorders</i>, pp. 561-571.</p>	

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Via telephone/fax/email (circle as appropriate)	By TEA staff person:

<b>Schedule #6—Program Budget Summary</b>					
County-district number or vendor ID: 246908			Amendment # (for amendments only):		
Program authority: Texas Education Code, 29.026, House Bill 21, Section 3, 85 <sup>th</sup> Texas Legislature, 2017					
Grant period: May 1, 2018, to August 31, 2019			Fund code/shared services arrangement code: 429/459		
<b>Budget Summary</b>					
Schedule #	Title	Class/ Object Code	Program Cost	Admin Cost	Total Budgeted Cost
Schedule #7	Payroll Costs (6100)	6100	390,000		\$390,000
Schedule #8	Professional and Contracted Services (6200)	6200	\$45,000	\$	\$45,000
Schedule #9	Supplies and Materials (6300)	6300	\$60,000	\$	\$60,000
Schedule #10	Other Operating Costs (6400)	6400	\$5,000	\$	\$5,000
Schedule #11	Capital Outlay (6600)	6600	\$	\$	\$
Total direct costs:				\$	\$
Percentage% indirect costs (see note):			N/A	\$	\$
<b>Grand total of budgeted costs (add all entries in each column):</b>			<b>500,000</b>		<b>500,000</b>
<b>Shared Services Arrangement</b>					
6493	Payments to member districts of shared services arrangements		\$	\$	\$
<b>Administrative Cost Calculation</b>					
Enter the total grant amount requested:					\$75,000
Percentage limit on administrative costs established for the program (15%):					x .15
Multiply and round down to the nearest whole dollar. Enter the result. This is the maximum amount allowable for administrative costs, including indirect costs:					\$575,000

NOTE: Indirect costs are calculated and reimbursed based on actual expenditures when reported in the expenditure reporting system, regardless of the amount budgeted and approved in the grant application. If indirect costs are claimed, they are part of the total grant award amount. They are not in addition to the grant award amount.

Indirect costs are not required to be budgeted in the grant application in order to be charged to the grant. Do not submit an amendment solely for the purpose of budgeting indirect costs.

If selected for a competitive grant, your award amount will be the lesser of the grand total of budgeted costs as stated on this schedule (the box with the bold outline), or the sum of all line items listed on this schedule, or the maximum allowable award amount. TEA is not responsible for math errors.

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Schedule #7—Payroll Costs (6100)				
County-district number or vendor ID: 246908			Amendment # (for amendments only):	
Employee Position Title		Estimated # of Positions 100% Grant Funded	Estimated # of Positions <100% Grant Funded	Grant Amount Budgeted
<b>Academic/Instructional</b>				
1	Teacher	3		\$150,000
2	Educational aide	5		\$105,000
3	Tutor			\$
<b>Program Management and Administration</b>				
4	Project director/administrator			\$
5	Project coordinator		0.5	\$25,000
6	Teacher facilitator			\$
7	Teacher supervisor			\$
8	Secretary/administrative assistant			\$
9	Data entry clerk		0.5	\$10,000
10	Grant accountant/bookkeeper			\$
11	Evaluator/evaluation specialist			\$
<b>Auxiliary</b>				
12	Counselor			\$
13	Social worker			\$
14	Community liaison/parent coordinator			\$
<b>Other Employee Positions</b>				
15	Title BCBA	1		\$65,000
16	Title			\$
17	Title			\$
18	Subtotal employee costs:			\$355,000
<b>Substitute, Extra-Duty Pay, Benefits Costs</b>				
19	6112	Substitute pay		\$10,000
20	6119	Professional staff extra-duty pay		\$15,000
21	6121	Support staff extra-duty pay		\$10,000
22	6140	Employee benefits		\$
23	61XX	Tuition remission (IHEs only)		\$
24	Subtotal substitute, extra-duty, benefits costs			\$35,000
25	<b>Grand total (Subtotal employee costs plus subtotal substitute, extra-duty, benefits costs):</b>			<b>\$390,000</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

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Schedule #8—Professional and Contracted Services (6200)		
County-district number or vendor ID: 246908		Amendment # (for amendments only):
NOTE: Specifying an individual vendor in a grant application does not meet the applicable requirements for sole-source providers. TEA's approval of such grant applications does not constitute approval of a sole-source provider.		
Professional and Contracted Services Requiring Specific Approval		
Expense Item Description		Grant Amount Budgeted
6269	Rental or lease of buildings, space in buildings, or land	\$
	Specify purpose:	
a. Subtotal of professional and contracted services (6200) costs requiring specific approval:		\$10,000
Professional and Contracted Services		
#	Description of Service and Purpose	Grant Amount Budgeted
1	Assistive Technology evaluations and AT trials	\$10,000
2	EIBI training	\$20,000
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
b. Subtotal of professional and contracted services:		\$
c. Remaining 6200—Professional and contracted services that do not require specific approval:		\$15,000
(Sum of lines a, b, and c) Grand total		\$45,000

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

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<b>Schedule #9—Supplies and Materials (6300)</b>		
County-District Number or Vendor ID: 246908		Amendment number (for amendments only):
<b>Supplies and Materials Requiring Specific Approval</b>		
<b>Expense Item Description</b>		<b>Grant Amount Budgeted</b>
6300	Total supplies and materials that do not require specific approval:	10,000
<b>Grand total:</b>		<b>10,000</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

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Schedule #10—Other Operating Costs (6400)		
County-District Number or Vendor ID: 246908		Amendment number (for amendments only):
Expense Item Description		Grant Amount Budgeted
6411	Out-of-state travel for employees. Must be allowable per Program Guidelines and grantee must keep documentation locally.	\$
Subtotal other operating costs requiring specific approval:		\$
Remaining 6400—Other operating costs that do not require specific approval:		\$5,000
<b>Grand total:</b>		<b>\$5,000</b>

In-state travel for employees does not require specific approval.

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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Schedule #11—Capital Outlay (6600)				
County-District Number or Vendor ID: 246908			Amendment number (for amendments only):	
#	Description and Purpose	Quantity	Unit Cost	Grant Amount Budgeted
<b>6669—Library Books and Media (capitalized and controlled by library)</b>				
1		N/A	N/A	\$
<b>66XX—Computing Devices, capitalized</b>				
2	Computers, tablets, or other augmentative communication devices		\$300	\$50,000
3			\$	\$
4			\$	\$
5			\$	\$
6			\$	\$
7			\$	\$
8			\$	\$
9			\$	\$
10			\$	\$
11			\$	\$
<b>66XX—Software, capitalized</b>				
12	Software programs and/or apps		\$	\$10,000
13			\$	\$
14			\$	\$
15			\$	\$
16			\$	\$
17			\$	\$
18			\$	\$
<b>66XX—Equipment or furniture</b>				
19			\$	\$
20			\$	\$
21			\$	\$
22			\$	\$
23			\$	\$
24			\$	\$
25			\$	\$
26			\$	\$
27			\$	\$
28			\$	\$
<b>66XX—Capital expenditures for additions, improvements, or modifications to capital assets that materially increase their value or useful life (not ordinary repairs and maintenance)</b>				
29				\$
<b>Grand total:</b>				<b>\$60,000</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

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Schedule #12—Demographics of Participants to Be Served with Grant Funds			
County-district number or vendor ID: 246908		Amendment # (for amendments only):	
<b>Part 1: Students/Teachers To Be Served With Grant Funds.</b> Enter the total number of students and teachers in each grade projected to be served under the grant program. Use the comment section to add a description of any data not specifically requested that is important to understanding the population to be served by this grant program. Response is limited to space provided. Use Arial font, no smaller than 10 point.			
<b>School Type:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Open-Enrollment Charter <input type="checkbox"/> Private Nonprofit <input type="checkbox"/> Private For Profit <input type="checkbox"/> Public Institution			
Grade	Number of Students	Number of Teachers	Student/Teacher Ratio
PK			1:1
K			1:1
1 <sup>st</sup>			1:1
2 <sup>nd</sup>			1:1
3 <sup>rd</sup>			1:1
<b>COMMENTS</b>	Students will be provided support based on need, but I am not able currently to estimate the grade levels of enrollment.		
<b>Part 2: Amount of instruction.</b> Enter amount of instruction to be provided with grant funds. Use the comment section to add a description of any data not specifically requested that is important to understanding the amount of instruction to be provided by this grant program. Response is limited to space provided. Use Arial font, no smaller than 10 point.			
Amount of Instruction		COMMENTS	
School day hours (ex) 8:30am – 4:30pm	7:30 am – 3:00 pm		
Number of days in school year	173		
Minutes of instruction per school year	75,600		

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Need

<b>Schedule #13—Needs Assessment</b>	
County-district number or vendor ID: 246908	Amendment # (for amendments only):
<p><b>Part 1: Process Description.</b> A needs assessment is a systematic process for identifying and prioritizing needs, with "need" defined as the difference between current achievement and desired outcome or required accomplishment. Describe your needs assessment process, including a description of how needs are prioritized. If this application is for a district level grant that will only serve specific campuses, list the name of the campus(es) to be served and why they were selected. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.</p> <p>Three LHISD campuses were selected to participate in this grant. The district has three elementary campuses serving students ages 3-9 as specified in the grant requirements. The campuses are Liberty Hill Elementary, Bill Burden Elementary, and Rancho Sienna Elementary. The three campuses have a total of 21 students who will be within the age parameters of the grant for the 2018-2019 school year based on current enrollment numbers.</p> <p>Of the 21 students eligible in special education as a child with Autism enrolled at the elementary campuses, 7 students are served in an instructional arrangement of 41 or 40. Two thirds of all AU eligible students are served in restrictive settings in the special education classroom.</p>	

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<b>Schedule #13—Needs Assessment (cont.)</b>		
County-district number or vendor ID: 246908		Amendment # (for amendments only):
<b>Part 2: Alignment with Grant Goals and Objectives.</b> List your top five needs, in rank order of assigned priority. Describe how those needs would be effectively addressed by implementation of this grant program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.		
#	Identified Need	How Implemented Grant Program Would Address
1.	Students with an eligibility in special education for Autism primarily are served in a more restrictive setting.	The grant would provide additional support in the general education classroom to allow for the student to be served in a less restrictive setting.
2.	Of the students participating in the 3 <sup>rd</sup> grade STAAR Alt 2, only 33% met satisfactory standard.	The majority of students in the most restrictive settings are not meeting satisfactory performance.
3.	Overall, special education state assessment satisfactory performance did not meet the state safeguards in any category.	<p>Increased time in general education and access to instruction.</p> <p>Increase cognitive development based on previously published research would allow for increased student achievement.</p>
4.	General education teachers have requested training on working with students with Autism due to a lack of comfort.	The grant would provide embedded training and modeling of instructional strategies for general education teachers. Participation by EIBI staff in the PLC process allows for universal lesson design to be incorporated into instructional planning.
5.	Partnership with parents identified as a weakness by all elementary principals.	The grant would provide in-home training and opportunities for collaboration with parents to increase student outcomes.

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Schedule #14—Management Plan		
County-district number or vendor ID: 246908		Amendment # (for amendments only):
<b>Part 1: Staff Qualifications.</b> List the titles of the primary project personnel and any external consultants projected to be involved in the implementation and delivery of the program, along with desired qualifications, experience, and any requested certifications. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.		
#	Title	Desired Qualifications, Experience, Certifications
1.	BCBA/Behavior Specialist	BCBA completed or near completion with a program endorsement of knowledge. Minimum of 5 years experience teaching students with Autism in the elementary setting. General and special education certifications. Conduct FBAs and develop plans with alternative behavior pathways. Ability to train in Autism behavioral and instructional strategies. Ability to provide campus or teacher-specific trainings regarding Autism.
2.	EIBI Support Specialist	Three to five years experience working with students with Autism in the elementary grade levels. Previous experience with Autism instructional strategies such as ABA-based instruction, discrete trials, antecedent-behavior-consequence (ABC) data collection experience. Preferred experience as master teacher or previous experience coaching and supporting general and special education staff. Ability to collaborate with general education teachers. Previous experience with a professional learning community (PLC) planning approach. Knowledge and understanding of instructional data analysis.
3.	EIBI Support Paraprofessional	Three to five years experience working with elementary age children with Autism. Previous training or work background working with children with behavioral challenges in the community or school setting. Technical skills to provide support to students with assistive technology once trained by AT. Ability to collect data and document the provision of support services.
4.		
5.		

**Part 2: Milestones and Timeline.** Summarize the major objectives of the planned project, along with defined milestones and projected timelines. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Objective	Milestone	Begin Activity	End Activity
1.	Provide information and training to all elementary campuses.	1. Meet with the administrative team on each campus to provide information regarding the grant program, support structure, and discuss impact to campus planning	April 2018 upon notification of grant award	May 1 2018
		2. Provide all campus instructional staff with an overview of the grant program.	May 3, 2018	May 8, 2018
		3. Request principals recruit general education teachers to implement the EIBI support program within the general education classroom.	May 3, 2018	May 16, 2018

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**Schedule #14—Management Plan (cont.)**

County-district number or vendor ID: 246908	Amendment # (for amendments only):
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**Part 3: Feedback and Continuous Improvement.** Describe the process and procedures your organization currently has in place for monitoring the attainment of goals and objectives. Include a description of how the plan for attaining goals and objectives is adjusted when necessary and how changes are communicated to administrative staff, teachers, students, parents, and members of the community. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Data collection on program implementation and fidelity is collected each 6-weeks grading period.  
 Data meetings are held with campus administrators to review data  
 Campus administrators and instructional staff meet to make changes in implementation of programs with support from director and/or program coordinators  
 Curriculum Administrative meetings review data to identify trends and/or areas of concern in district level data  
 Student Support Services Parent Advisory Committee being implemented  
 Live Binder updated with most current information  
 District department website updated with most current information

**Part 4: Sustainability and Commitment.** Describe any ongoing, existing efforts that are similar or related to the planned project. How will you coordinate efforts to maximize effectiveness of grant funds? How will you ensure that all project participants remain committed to the project's success? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Student Support Services administrative and district support staff meet weekly to review all programs. Weekly reports will be shared with the SSS Team at the weekly meeting.  
 Data from the program staff will be incorporated into the 6-week data checks with campus administrative teams.  
 All expenditures from the grant will be approved through the program coordinator and the director of the department.  
 PLC meetings with all staff will be held monthly with district leadership.

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<b>Schedule #15—Project Evaluation</b>		
County-district number or vendor ID: 246908		Amendment # (for amendments only):
<b>Part 1: Evaluation Design.</b> List the methods and processes you will use on an ongoing basis to examine the effectiveness of project strategies, including the indicators of program accomplishment that are associated with each. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.		
#	Evaluation Method/Process	Associated Indicator of Accomplishment
1.	LRE	1. The IA for students in the program will indicate more time in the general education setting by at least 50%.
		2. Data for removals from the general education classroom will be tracked to monitor IEP minutes in general education and actual time in general education due to cool down or sensory breaks needed by the student.
		3.
2.	Communication and academic production	1. Speech and AT will monitor the utilization of AT devices. Progress toward goals of utilizing the AT devices will be progress monitored on a weekly basis.
		2. Observations, and teacher reports
		3. Work samples
3.	Parent perspective	1. Pre-program interview and documentation of student’s adaptive behavior completed by the parent. Parent input to goals for the program outcomes will be collaboratively developed
		2. Mid-year progress review meeting with the parent. Progress toward the parent developed goals for the program will be reported, academic data and behavioral data will be shared.
		3. Post-program interview and survey of student adaptive behavior
4.		1.
		2.
		3.
5.		1.
		2.
		3.
<b>Part 2: Data Collection and Problem Correction.</b> Describe the processes for collecting data that are included in the evaluation design, including program-level data such as program activities and the number of participants served, and student-level academic data, including achievement results and attendance data. How are problems with project delivery to be identified and corrected throughout the project? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.		

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<b>Schedule #16—Responses to Statutory Requirements (cont.)</b>	
County-district number or vendor ID:	Amendment # (for amendments only):
<p><b>Statutory Requirement 1:</b> Describe how the program will incorporate evidence-based and research-based design and how the program will include effective use of technology. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.</p> <p>Technology will be supported by the EIBI support staff in the classroom. Parents will be provided with instruction in the use of the device. In-home training for using the device at home and in the community will be provided to parents and family. Technology used for communication, schedules, etc. will be shared between the school and home environments. ABA and discrete trial instructional strategies are well documented and research-based.</p>	
<p><b>Statutory Requirement 2:</b> Describe how the program will collect empirical data on student achievement and improvement and use that data to support effective program implementation. The applicant should describe the process by which baselines for these metrics will be established. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.</p> <p>Student's adaptive behavior will be assessed and measured at the start of the program.                      Baseline academic achievement data will be assessed at the start of the program.                      Behavior and academic achievement data collections will be collected at the end of the program. Evaluation staff specifically will assess cognitive functioning at the start and end of the program to determine if any gains in cognitive processing can be identified.                      Parent empiricle data will be collected.                      Teacher perceptions of the program will be collected through a survey instrument and open-ended questions collected electronically.</p>	

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<b>Schedule #16—Responses to Statutory Requirements (cont.)</b>	
<b>County-district number or vendor ID:</b>	<b>Amendment # (for amendments only):</b>
<b>Statutory Requirement 3:</b> Describe how the program will incorporate parental support and collaboration. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.	
<p>Parents will be included in planning and developing program outcome goals at the start of the program.</p> <p>In-home training and supports provided to parents</p> <p>Communication support provided to the home setting</p>	
<b>Statutory Requirement 4:</b> Describe how the proposed program will reflect the diversity of the state and how the program can be replicated for students statewide. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.	
<p>The program is designed to support students with ASD who require significant behavioral supports in the classroom setting. The program design does not discriminate on race, color, ethnicity, or any other characteristic.</p> <p>The program can be developed and expanded state-wide. California is providing similar support programs state-wide using the EIBI programming developed at UCLA.</p>	

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**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 246908

Amendment # (for amendments only):

**TEA Program Requirement 1:** Describe how the program will use innovative approaches to effectively address the unique academic and functional needs of students with autism. Applicants may focus on new and innovative practices, new and innovative ways to remove barriers to effective implementation of accepted practices, or both. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

The EIBI program is designed to maximize the cognitive and emotional development of students with ASD by providing on-going, embedded, real-time instruction in explicit skill deficits as they are observed. By increasing the social-emotional knowledge along with improved cognitive processing the long-term and post-secondary outcomes for these students provided EIBI supports will be greatly improved. Students will remain in the general education setting with non-disabled peers. This provides the students with ASD models for communication and behavior. It also provides non-disabled peers with a better understanding and acceptance of students with ASD and possibly other disabilities.

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<b>Schedule #17—Responses to TEA Program Requirements (cont.)</b>	
<b>County-district number or vendor ID:</b> 246908	<b>Amendment # (for amendments only):</b>
<b>TEA Program Requirement 2:</b> Describe how the program will incorporate meaningful inclusion. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.	
<p>The program is developed to increase time in the general education setting by at least 50% as an outcome of the program and supports. The supports are also designed to provide the student with ASD greater academic engagement and achievement due to the on-going supports to access and communicate in the general education classroom setting.</p>	
<b>TEA Program Requirement 3:</b> Describe coordination of services with private or community-based providers. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.	
<input checked="" type="checkbox"/> <b>NA – Program will not coordinate with private or community based providers.</b>	
Click and type here to enter response.	

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