

**2019-2020 Perkins Reserve Grant****COMPETITIVE GRANT Application Due 5:00 p.m. CT, February 14, 2019**

NOGA ID

Authorizing Legislation

Carl D. Perkins Career and Technical Education Act of 2006, P.L. 109-270, Title I, Part C, §112(a)(1)

Applicants must submit one original copy of the application **and** two copies of the application (for a **total of three copies of the application**). All three copies of the application **MUST** bear the signature of a person authorized to bind the applicant to a contractual agreement. **Applications cannot be emailed.** Applications must be received no later than the above-listed application due date and time at:

Document Control Center, Grants Administration Division

Texas Education Agency

1701 N. Congress Avenue

Austin, TX 78701-1494

Grant period from **July 1, 2019 – August 31, 2020**☒ Pre-award costs are not permitted.**Required Attachments**

No attachments are required to be submitted with this application.

Amendment Number

Amendment Number (For amendments only; enter N/A when completing this form to apply for grant funds):

Applicant InformationOrganization **Lake Worth ISD** CDN **220910** Vendor ID **756003344** ESC **11** DUNS **794359059**Address **6805 Telephone RD** City **Lake Worth** ZIP **76135-** Phone **817.306.4200**Primary Contact **Cara Malone** Email **cmalone@lwsd.org** Phone **817.306.4200**Secondary Contact **Rose Mary Neshyba** Email **rneshyba@lake-worth.k12.tx.us** Phone **817.306.4200****Certification and Incorporation**

I understand that this application constitutes an offer and, if accepted by TEA or renegotiated to acceptance, will form a binding agreement. 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 certify that any ensuing program and activity will be conducted in accordance and compliance with all applicable federal and state laws and regulations.

I further certify my acceptance of the requirements conveyed in the following portions of the grant application, as applicable, and that these documents are incorporated by reference as part of the grant application and Notice of Grant Award (NOGA):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Grant application, guidelines, and instructions | <input checked="" type="checkbox"/> Debarment and Suspension Certification |
| <input checked="" type="checkbox"/> General Provisions and Assurances | <input checked="" type="checkbox"/> Lobbying Certification |
| <input checked="" type="checkbox"/> Application-specific Provisions and Assurances | |

Authorized Official Name **Rose Mary Neshyba** Title **Superintendent**Email **rneshyba@lake-worth.k12.tx.us** Phone **817.306.4200**Signature  Date **2/25/2019**Grant Writer Name _____ Signature  Date **2/25/2019**☐ Grant writer is an employee of the applicant organization. ☐ Grant writer is **not** an employee of the applicant organization.RFA # **701-19-104** SAS # **424-20****2019-2020 Perkins Reserve Grant**

Page 1 of 15

701-19-104-122

2019-019450

Application stamp-in date and time

RECEIVED
TEXAS EDUCATION AGENCY
2019 FEB 28 PM 4:03
DOCUMENT CONTROL CENTER
GRANTS ADMINISTRATION

Shared Services Arrangements

☐ SSAs are **not permitted** for this grant. **Check the box below if applying as a fiscal agent.**

☐ The applicant organization submitting this application is the fiscal agent of a planned SSA. All participating agencies will enter into a written SSA agreement describing fiscal agent and SSA member responsibilities. All participants understand that the written SSA agreement is subject to negotiation and must be approved before a NOGA can be issued.

Identify/Address Needs

List up to three quantifiable needs, as identified in your needs assessment, that these program funds will address. Describe your plan for addressing each need.

Quantifiable Need	Plan for Addressing Need

SMART Goal

Describe the summative SMART goal you have identified for this program (a goal that is Specific, Measurable, Achievable, Relevant, and Timely), either related to student outcome or consistent with the purpose of the grant.

Measurable Progress

Identify the benchmarks that you will use at the end of the first three grant quarters to measure progress toward meeting the process and implementation goals defined for the grant.

First-Quarter Benchmark

Measurable Progress (Cont.)

Second-Quarter Benchmark

Third-Quarter Benchmark

Project Evaluation and Modification

Describe how you will use project evaluation data to determine when and how to modify your program. If your benchmarks do not show progress towards meeting your summative SMART goal, describe how you will use evaluation data to modify your program for sustainability.

Statutory/Program Assurances

The following assurances apply to this grant program. In order to meet the requirements of the grant, the grantee must comply with these assurances.

Check each of the following boxes to indicate your compliance.

- ☐ 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 they will continue to meet all Statutory Requirements as outlined in their 2019–2020 Perkins Formula Grant, which is incorporated by reference.
- ☐ 4. The applicant provides assurance that curriculum will be appropriately aligned to regional labor market supported CTE programs of study.
- ☐ 5. The applicant provides assurance to adhere to all Statutory Requirements and TEA Program Requirements as noted in the 2019–2020 Perkins Reserve Grant Program Guidelines.
- ☐ 6. The applicant provides assurance to adhere to all Performance Measures, as noted in the 2019–2020 Perkins Reserve Grant Program Guidelines, and shall provide the Texas Education Agency, upon request, any performance data necessary to assess the success of the program.
- ☐ 7. **Focus Area 1** applicants provide assurance that they will submit a Memorandum of Understanding (MOU) detailing the relationship between the institute of higher education, the LEA, and business and industry partner(s) within 90 days of the grant start date. The MOU will establish joint decision-making procedures that allow for planning and implementation of a coherent program across the institutions. The partnership and the MOU must include provisions and processes for collecting, sharing, and reviewing student data to assess the progress of the students.
- ☐ 8. **Focus Area 1** applicants provide assurance that they and at least one representative from each required partner organization will attend all required conferences as described in the 2019–2020 Perkins Reserve Grant Program Guidelines.
- ☐ 9. **Focus Area 2** applicants provide assurance that any industry-based certifications supported through this grant are listed on the 2018–2019 or 2019–2020 Final List of Industry-Based Certifications of the A-F Accountability System.

TEA Program Requirements

1. **FOCUS AREA 1 APPLICANTS:** Identify partner organizations the applicant organization has collaborated with to implement the proposed project. Identify high-wage and in-demand occupations and CTE programs of study that lead to these occupations. Include and explain how regional labor market information was used in identifying and determining the CTE programs of study in collaboration with partner organizations.

TEA Program Requirements

2. **FOCUS AREA 1 APPLICANTS:** Provide a design for at least one CTE program of study that spans secondary and postsecondary education and includes an appropriate sequence of courses that are aligned with high-wage and in-demand occupations identified by the local regional workforce board. The design must:

- Describe the commitment from all partners to assist with curriculum development to support relevant and frequent industry experiences for students participating in the program.
- Identify strategic partnerships that are already in place that provide an advantage in implementing the proposed project.

TEA Program Requirements

3. **FOCUS AREA 1 APPLICANTS:** Provide a sample crosswalk that identifies postsecondary coursework that would be required of a student in the program of study in order to complete a certificate or receive an associate degree from the partnering general academic teaching institution(s) within two to three years of graduating from high school. The crosswalk should align to higher education program of study curricula where applicable and also demonstrate how the project can lead to a bachelor’s degree.

TEA Program Requirements

4. **FOCUS AREA 1 APPLICANTS:** Propose a sustainability plan to ensure that the applicant and partner organizations will continue to meet the goals of the grant after the end of the grant program.

5. **FOCUS AREA 1 APPLICANTS:** Identify and describe the operational capacity (i.e. dedicated personnel, advisory boards, data-sharing agreements) and recent track record of the identified grant intermediary in supporting key functions including work-based learning, cross-sector partnerships, collective impact initiatives, and multi-stakeholder grants.

TEA Program Requirements

6. **FOCUS AREA 2 APPLICANTS:** Identify industry-based certifications and programs of study for the proposed project. Include information provided by local workforce development boards, economic development organizations, and/or chambers of commerce to determine high-wage and in-demand occupations and programs of study that lead to these occupations. Include and explain how regional labor market information was used in identifying and determining the industry-based certifications selected.

TEA Program Requirements

7. **FOCUS AREA 2 APPLICANTS:** Identify how many students will benefit from the grant funding and explain how offering of industry-based certifications will benefit students currently enrolled in the aligned CTE programs of study.

- If choosing to **certify a teacher in the industry-based certification to test students**, identify how many students will benefit from the grant funding and explain how this will benefit students.
- If choosing to **become a testing site**, the identify how many students will benefit from the grant funding and describe how becoming a testing site will benefit students in the LEA and within the region.

TEA Program Requirements

8. **FOCUS AREA 2 APPLICANTS:** Explain the process for paying for exams for students.

9. **FOCUS AREA 2 APPLICANTS:** Explain efforts that have already been made to ensure success during the grant period.

TEA Program Requirements

10. **FOCUS AREA 2 APPLICANTS:** Explain how the applicant organization will ensure that students are prepared for the industry-based certification exams.

11. **FOCUS AREA 2 APPLICANTS:** Identify strategic partnerships already in place that provide an advantage in implementing the proposed project.

Equitable Access and Participation

Check the appropriate box below to indicate whether any barriers exist to equitable access and participation for any groups that receive services funded by this grant.

- ☐ The applicant assures that no barriers exist to equitable access and participation for any groups receiving services funded by this grant.
- ☐ Barriers exist to equitable access and participation for the following groups receiving services funded by this grant, as described below.

Group <input type="text"/>	Barrier <input type="text"/>
Group <input type="text"/>	Barrier <input type="text"/>
Group <input type="text"/>	Barrier <input type="text"/>
Group <input type="text"/>	Barrier <input type="text"/>

PNP Equitable Services

Are any private nonprofit schools located within the applicant's boundaries?

☐ Yes ☐ No

If you answered "No" to the preceding question, stop here. You have completed the section. Proceed to the next page.

Are any private nonprofit schools participating in the grant?

☐ Yes ☐ No

If you answered "No" to the preceding question, stop here. You have completed the section. Proceed to the next page.

5A: Assurances

- ☐ The LEA assures that it discussed all consultation requirements as listed in Section 1117(b)(1) and/or Section 8501(c)(1), as applicable, with all eligible private nonprofit schools located within the LEA's boundaries.
- ☐ The LEA assures the appropriate Affirmations of Consultation will be provided to TEA's PNP Ombudsman in the manner and time requested.

5B: Equitable Services Calculation

1. LEA's student enrollment	<input type="text"/>
2. Enrollment of all participating private schools	<input type="text"/>
3. Total enrollment of LEA and all participating PNPs (line 1 plus line 2)	<input type="text"/>
4. Total current-year grant allocation	<input type="text"/>
5. LEA reservation for direct administrative costs, not to exceed the grant's defined limit	<input type="text"/>
6. Total LEA amount for provision of ESSA PNP equitable services (line 4 minus line 5)	<input type="text"/>
7. Per-pupil LEA amount for provision of ESSA PNP equitable services (line 6 divided by line 3)	<input type="text"/>
LEA's total required ESSA PNP equitable services reservation (line 7 times line 2)	<input type="text"/>

Request for Grant Funds

List all of the allowable grant-related activities for which you are requesting grant funds. Include the amounts budgeted for each activity. Group similar activities and costs together under the appropriate heading. During negotiation, you will be required to budget your planned expenditures on a separate attachment provided by TEA.

PAYROLL COSTS (6100)

BUDGET

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

PROFESSIONAL AND CONTRACTED SERVICES (6200)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

SUPPLIES AND MATERIALS (6300)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

OTHER OPERATING COSTS (6400)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

CAPITAL OUTLAY (6600)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total Direct Costs

Indirect Costs

TOTAL BUDGET REQUEST (Direct Costs + Indirect Costs)

Appendix I: Negotiation and Amendments (leave this section blank when completing the initial application for funding)

An amendment must be submitted when the program plan or budget is altered for the reasons described in the "When to Amend the Application" document posted on the [Administering a Grant](#) page of the TEA website and may be mailed OR faxed (not both). **To fax:** one copy of all sections pertinent to the amendment (including budget attachments), along with a completed and signed page 1, to either (512) 463-9811 or (512) 463-9564. **To mail:** three copies of all sections pertinent to the amendment (including budget attachments), along with a completed and signed page 1, to the address on page 1. More detailed amendment instructions can be found on the last page of the budget template.

You may duplicate this page

Negotiated/Amended Section

For amendments: Choose the section you wish to amend from the drop down menu.

Negotiated Change/Amendment

For amendments: Describe the changes you are making and the reason for them. Always work with the most recent negotiated or amended application. If you are requesting a revised budget, please include the budget attachments with your amendment.

FOR TEA USE ONLY
Changes confirmed with _____ on this date _____
Via phone/fax/email by TEA staff person _____

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