Authorizing legislation General Appropriations Act, House Bill 1, Article IX, Section 18.114(c)(v) This LOI application must be submitted via email to loiapplications@tea.texas.gov. The LOI application must be signed with a digital ID or it may be signed by hand. Both forms of signature are acceptable. TEA must receive the application by 11:59 p.m. CT, March 26, 2021. Grant period from May 1, 2021-August 31, 2021 Pre-award costs permitted from Award Announcement Date Required Attachments 1. Excel workbook with the grant's budget schedules (linked along with this form on the TEA Grants Opportunities page) See the Program Guidelines for for additional attachment information. Select Focus Area (Applicants May Select One or Both Focus Areas) Focus Area 1: Career and Technical Education Course Focus Area 2: Work-Based Learning Experiences Amendment Number Amendment number (For amendments only; enter N/A when completing this form to apply for grant funds): N/A Applicant Information Organization Whitehouse ISD CDN 212906 Campus 001 ESC 7 DUNS 099925356 Address 104 Hwy 110 North City Whitehouse ZIP 75791 Vendor ID 1756002764 Primary Contact Dr. Timothy Rocka Email rockat@whitehouseisd.org Phone 903-839-5541 Secondary Contact Mrs. Amanda Twedt Email twedta@whitehouseisd.org Phone 903-839-5551 Certification and Incorporation Lunderstand 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 at any ensuing program and activity will be conducted in accordance and compliance with all applicable federal and state laws and regulations. I curry the certification and Notice of Grant Award (NOGA):		er Career and Techr OI) Application Due 1			
This LOI application must be submitted via email to loiapplications@tea.texas.gov. The LOI application may be signed with a digital ID or it may be signed by hand. Both forms of signature are acceptable. TEA must receive the application by 11:59 p.m. CT, March 26, 2021. Grant period from May 1, 2021-August 31, 2021 Pre-award costs permitted from Award Announcement Date Required Attachments 1. Excel workbook with the grant's budget schedules (linked along with this form on the TEA Grants Opportunities page) See the Program Guidelines for for additional attachment information. Select Focus Area (Applicants May Select One or Both Focus Areas) Focus Area 1: Career and Technical Education Course Focus Area 2: Work-Based Learning Experiences Amendment Number Amendment Number Amendment Number (For amendments only; enter N/A when completing this form to apply for grant funds): N/A Applicant Information Organization Whitehouse ISD CDN 212906 Campus 001 ESC 7 DUNS 099925356 Address 104 Hwy 110 North City Whitehouse ZIP 75791 Vendor ID 1756002764 Primary Contact 0r. Timothy Rocka Email rockat@whitehouseisd.org Phone 903-839-5544 Secondary Contact 0r. Timothy Rocka Email twedta@whitehouseisd.org Phone 903-839-5551 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 mand 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 Cut Program Guidelines, and instructions Debarment and Suspension Certification	® NOGA ID				
This LOI application must be submitted via email to loiapplications@tea.texas.gov. The LOI application may be signed with a digital ID or it may be signed by hand. Both forms of signature are acceptable. TEA must receive the application by 11:59 p.m. CT, March 26, 2021. Grant period from May 1, 2021-Naugust 31, 2021 Pre-award costs permitted from Award Announcement Date Required Attachments 1. Excel workbook with the grant's budget schedules (linked along with this form on the TEA Grants Opportunities page) See the Program Guidelines for for additional attachment information. Select Focus Area (Applicants May Select One or Both Focus Areas) Focus Area 1: Career and Technical Education Course Focus Area 2: Work-Based Learning Experiences Amendment Number Amendment Number Amendment Number (For amendments only; enter N/A when completing this form to apply for grant funds): N/A Applicant Information Organization Whitehouse ISD CDN 212906 Campus 001 ESC 7 DUNS 099925356 Address 104 Hwy 110 North City Whitehouse ZIP 75791 Vendor ID 1756002764 Primary Contact Dr. Timothy Rocka Email rockat@whitehouseisd.org Phone 903-839-5554 Secondary Contact Mrs. Amanda Twedt Email twedta@whitehouseisd.org Phone 903-839-5551 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. Hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the organization mand 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 LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and	Authorizing legislation General Appropria	tions Act, House Bill	1, Article IX, Secti	on 18.114(c)(v)	
TEA must receive the application by 11:59 p.m. CT, March 26, 2021. Grant period from May 1, 2021-August 31, 2021 Pre-award costs permitted from Award Announcement Date Required Attachments 1. Excel workbook with the grant's budget schedules (linked along with this form on the TEA Grants Opportunities page) See the Program Guidelines for for additional attachment information. Select Focus Area (Applicants May Select One or Both Focus Areas) Focus Area 1: Career and Technical Education Course Focus Area 2: Work-Based Learning Experiences Amendment Number Amendment Number Amendment Information Organization Whitehouse ISD CDN 212906 Campus 001 ESC 7 DUNS 099925356 Address 104 Hwy 110 North City Whitehouse ZIP 75791 Vendor ID 1756002764 Primary Contact Dr. Timothy Rocka Email cockat@whitehouseisd.org Phone 903-839-5551 Certification and incorporation 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. In Understand that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA): Ol application, guidelines, and instructions					
Pre-award costs permitted from Award Announcement Date Required Attachments 1. Excel workbook with the grant's budget schedules (linked along with this form on the TEA Grants Opportunities page) See the Program Guidelines for for additional attachment information. Select Focus Area (Applicants May Select One or Both Focus Areas) Focus Area 1: Career and Technical Education Course Focus Area 2: Work-Based Learning Experiences Amendment Number Amendment Number Amendment Information Organization Whitehouse ISD CDN 212906 Campus 001 ESC 7 DUNS 099925356 Address 104 Hwy 110 North City Whitehouse ZIP 75791 Vendor ID 1756002764 Primary Contact Dr. Timothy Rocka Email rockat@whitehouseisd.org Phone 903-839-5544 Secondary Contact Mrs. Amanda Twedt Email twedta@whitehouseisd.org Phone 903-839-5551 Certification and Incorporation Lunderstand 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. If urther certify my acceptance of the requirements conveyed in the following portions of the LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA): Column Dapplication, guidelines, and instructions Debarment and Suspension Certification		t may be signed by hand. Bo	oth forms of signature		
Required Attachments 1. Excel workbook with the grant's budget schedules (linked along with this form on the TEA Grants Opportunities page) See the Program Guidelines for for additional attachment information. Select Focus Area (Applicants May Select One or Both Focus Areas) Focus Area 1: Career and Technical Education Course Focus Area 2: Work-Based Learning Experiences Amendment Number Amendment number (For amendments only; enter N/A when completing this form to apply for grant funds): N/A Applicant Information Organization Whitehouse ISD CDN 212906 Campus 001 ESC 7 DUNS 099925356 Address 104 Hwy 110 North City Whitehouse ZIP 75791 Vendor ID 1756002764 Primary Contact Dr. Timothy Rocka Email cockat@whitehouseisd.org Phone 903-839-5544 Secondary Contact Mrs. Amanda Twedt Email twedta@whitehouseisd.org Phone 903-839-5551 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. If further certify my acceptance of the requirements conveyed in the following portions of the LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA): Coll application, guidelines, and instructions					
1. Excel workbook with the grant's budget schedules (linked along with this form on the TEA Grants Opportunities page) See the Program Guidelines for for additional attachment information. Select Focus Area (Applicants May Select One or Both Focus Areas) Focus Area 1: Career and Technical Education Course Focus Area 2: Work-Based Learning Experiences Amendment Number Amendment number (For amendments only; enter N/A when completing this form to apply for grant funds): N/A Applicant Information Organization Whitehouse ISD CDN 212906 Campus 001 ESC 7 DUNS 099925356 Address 104 Hwy 110 North City Whitehouse ZIP 75791 Vendor ID 1756002764 Primary Contact Or. Timothy Rocka Email rockat@whitehouseisd.org Phone 903-839-5551 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 LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA): Coll application, guidelines, and instructions Debarment and Suspension Certification	Pre-award costs permitted from	Award Announcement	Date		
Select Focus Area (Applicants May Select One or Both Focus Areas) Focus Area 1: Career and Technical Education Course Focus Area 2: Work-Based Learning Experiences Amendment Number Amendment number (For amendments only; enter N/A when completing this form to apply for grant funds): N/A Applicant Information Organization Whitehouse ISD CDN 212906 Campus 001 ESC 7 DUNS 099925356 Address 104 Hwy 110 North City Whitehouse ZIP 75791 Vendor ID 1756002764 Primary Contact Dr. Timothy Rocka Email rockat@whitehouseisd.org Phone 903-839-5544 Secondary Contact Mrs. Amanda Twedt Email twedta@whitehouseisd.org Phone 903-839-5551 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 LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA): Debarment and Suspension Certification	Required Attachments				
Select Focus Area (Applicants May Select One or Both Focus Areas) Focus Area 1: Career and Technical Education Course Focus Area 2: Work-Based Learning Experiences Amendment Number Amendment number (For amendments only; enter N/A when completing this form to apply for grant funds): N/A Applicant Information Organization Whitehouse ISD CDN 212906 Campus 001 ESC 7 DUNS 099925356 Address 104 Hwy 110 North City Whitehouse ZIP 75791 Vendor ID 1756002764 Primary Contact Dr. Timothy Rocka Email rockat@whitehouseisd.org Phone 903-839-5544 Secondary Contact Mrs. Amanda Twedt Email twedta@whitehouseisd.org Phone 903-839-5551 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 mamed 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 LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA): LOI application, guidelines, and instructions	1. Excel workbook with the grant's budget sched	lules (linked along with t	this form on the TEA G	Grants Opportunities page)	
Focus Area 1: Career and Technical Education Course Focus Area 2: Work-Based Learning Experiences Amendment Number Amendment number (For amendments only; enter N/A when completing this form to apply for grant funds): N/A Applicant Information Organization Whitehouse ISD CDN 212906 Campus 001 ESC 7 DUNS 099925356 Address 104 Hwy 110 North City Whitehouse ZIP 75791 Vendor ID 1756002764 Primary Contact Dr. Timothy Rocka Email rockat@whitehouseisd.org Phone 903-839-5544 Secondary Contact Mrs. Amanda Twedt Email twedta@whitehouseisd.org Phone 903-839-5551 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 LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA): LOI application, guidelines, and instructions Debarment and Suspension Certification	See the Program Guidelines for for additional att	achment information.			
Amendment Number Amendment number (For amendments only; enter N/A when completing this form to apply for grant funds): N/A Applicant Information Organization Whitehouse ISD CDN 212906 Campus 001 ESC 7 DUNS 099925356 Address 104 Hwy 110 North City Whitehouse ZIP 75791 Vendor ID 1756002764 Primary Contact Dr. Timothy Rocka Email rockat@whitehouseisd.org Phone 903-839-5544 Secondary Contact Mrs. Amanda Twedt Email twedta@whitehouseisd.org Phone 903-839-5551 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 LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA): □ Debarment and Suspension Certification			lreas)		
Amendment Number Amendment number (For amendments only; enter N/A when completing this form to apply for grant funds): N/A Applicant Information Organization Whitehouse ISD					
Amendment number (For amendments only; enter N/A when completing this form to apply for grant funds): N/A Applicant Information Organization Whitehouse ISD CDN 212906 Campus 001 ESC 7 DUNS 099925356 Address 104 Hwy 110 North City Whitehouse ZIP 75791 Vendor ID 1756002764 Primary Contact Dr. Timothy Rocka Email rockat@whitehouseisd.org Phone 903-839-5544 Secondary Contact Mrs. Amanda Twedt Email twedta@whitehouseisd.org Phone 903-839-5551 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 LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA): Debarment and Suspension Certification		nces			
Organization Whitehouse ISD CDN 212906 Campus 001 ESC 7 DUNS 099925356 Address 104 Hwy 110 North City Whitehouse ZIP 75791 Vendor ID 1756002764 Primary Contact Dr. Timothy Rocka Email rockat@whitehouseisd.org Phone 903-839-5544 Secondary Contact Mrs. Amanda Twedt Email twedta@whitehouseisd.org Phone 903-839-5551 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 LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA): Debarment and Suspension Certification					
Organization Whitehouse ISD CDN 212906 Campus 001 ESC 7 DUNS 099925356 Address 104 Hwy 110 North City Whitehouse ZIP 75791 Vendor ID 1756002764 Primary Contact Dr. Timothy Rocka Email rockat@whitehouseisd.org Phone 903-839-5544 Secondary Contact Mrs. Amanda Twedt Email twedta@whitehouseisd.org Phone 903-839-5551 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 LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA): LOI application, guidelines, and instructions Debarment and Suspension Certification	Amendment Number				
Address 104 Hwy 110 North City Whitehouse ZIP 75791 Vendor ID 1756002764 Primary Contact Dr. Timothy Rocka Email rockat@whitehouseisd.org Phone 903-839-5544 Secondary Contact Mrs. Amanda Twedt Email twedta@whitehouseisd.org Phone 903-839-5551 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 LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA): Debarment and Suspension Certification		nter N/A when completi	ng this form to apply t	for grant funds): N/A	
Primary Contact Dr. Timothy Rocka Email rockat@whitehouseisd.org Phone 903-839-5544 Secondary Contact Mrs. Amanda Twedt Email twedta@whitehouseisd.org Phone 903-839-5551 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 LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA): Debarment and Suspension Certification		nter N/A when completi	ng this form to apply t	for grant funds): N/A	
Secondary Contact Mrs. Amanda Twedt Email twedta@whitehouseisd.org Phone 903-839-5551 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 LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA): Debarment and Suspension Certification	Amendment number (For amendments only; er Applicant Information				
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 LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA): LOI application, guidelines, and instructions Debarment and Suspension Certification	Amendment number (For amendments only; er Applicant Information Organization Whitehouse ISD	CDN 212906 C	Campus 001	ESC 7 DUNS 099925356	
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 LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA): LOI application, guidelines, and instructions Debarment and Suspension Certification	Amendment number (For amendments only; er Applicant Information Organization Whitehouse ISD Address 104 Hwy 110 North	CDN 212906 C	Campus 001 Duse ZIP 7579	ESC 7 DUNS 099925356 1 Vendor ID 1756002764	
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 LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA): LOI application, guidelines, and instructions Debarment and Suspension Certification	Amendment number (For amendments only; er Applicant Information Organization Whitehouse ISD Address 104 Hwy 110 North Primary Contact Dr. Timothy Rocka	CDN 212906 C City Whiteho	Campus 001 Duse ZIP 7579 Ouseisd.org	ESC 7 DUNS 099925356 1 Vendor ID 1756002764 Phone 903-839-5544	
	Amendment number (For amendments only; er Applicant Information Organization Whitehouse ISD Address 104 Hwy 110 North Primary Contact Dr. Timothy Rocka Secondary Contact Mrs. Amanda Twedt Certification and Incorporation	CDN 212906 C City Whiteho Email rockat@whiteh Email twedta@whiteh	Campus 001 Duse ZIP 7579 Ouseisd.org	ESC 7 DUNS 099925356 1 Vendor ID 1756002764 Phone 903-839-5544 Phone 903-839-5551	
⊠ General and application-specific Provisions and Assurances □ Lobbying Certification	Amendment number (For amendments only; er Applicant Information Organization Whitehouse ISD Address 104 Hwy 110 North Primary Contact Dr. Timothy Rocka Secondary Contact Mrs. Amanda Twedt Certification and Incorporation I understand that this application constitutes an binding agreement. I hereby certify that the info and that the organization named above has authorizing contractual agreement. I certify that any compliance with all applicable federal and state I further certify my acceptance of the requireme and that these documents are incorporated by respectively.	CDN 212906 C City Whiteho Email rockat@whiteh Email twedta@whiteh offer and, if accepted by rmation contained in the horized me as its represed ensuing program and a laws and regulations. Ints conveyed in the follows.	campus 001 Douse ZIP 7579 Ouseisd.org houseisd.org y TEA or renegotiated his application is, to the entative to obligate the activity will be conducted to the conducted his application and Note the conducted h	ESC 7 DUNS 099925356 1 Vendor ID 1756002764 Phone 903-839-5544 Phone 903-839-5551 to acceptance, will form a e best of my knowledge, correct his organization in a legally sted in accordance and LOI application, as applicable, otice of Grant Award (NOGA):	

2020-2021 Summer Career and Technical Education Grant

Title Superintendent

Phone 903-839-5500

Date 3/25/2021

Page 1 of 7

Authorized Official Name Dr. Christopher Moran

Email moranc@whitehouseisd.org

RFA # 701-21-115 SAS # 473-21

Shared Services Arrangements

Shared services arrangements (SSAs) are permitted for this grant. Check the box below if applying as fiscal agent.

The LEA or ESC submitting this application is the fiscal agent of a planned SSA. All participating agencies will enter into a written SSA agreement describing the fiscal agent and SSA member responsibilities. All participants understand that the "Shared Services Arrangement Attachment" must be completed and signed by all SSA members, and submitted to TEA before the NOGA is issued.

Statutory/Program Assurances

The following assurances apply to this program. In order to meet the requirements of the program, the applicant 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 LOI 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.
- 4. The applicant provides assurance to adhere to all the Performance Measures, as noted in the 2020-2021 Summer Career and Technical Education Grant Program Guidelines, and shall provide to TEA, upon request, any performance data necessary to assess the success of the program.
- ∑ 5. The applicant provides assurance that curriculum will be appropriately aligned to regional labor market supported CTE programs of study.
- 6. The applicant assures that any Electronic Information Resources (EIR) produced as part of this agreement will comply with the State of Texas Accessibility requirements as specified in 1 TAC 206, 1 TAC Chapter 213, Federal Section 508 standards, and the WCAG 2.0 AA Accessibility Guidelines.
- ☑ 7. The applicant provides assurance to provide data to TEA on student completion of courses through a special collection process run by TEA.

CDN 212906 Vendor ID 1756002764

Amendment #

N/A

Summary of Program

Provide an overview of the program to be implemented with grant funds. Include the overall mission and specific needs of the organization. Describe how the program will address the mission and needs. **NOTE: If applying for both Focus Areas, applicant must CLEARLY distinguish between the two in your response.**

The mission of Whitehouse ISD, the standard of excellence, is to inspire and equip students through innovative and challenging opportunities. The Whitehouse High School CTE Department offers innovative programming to equip students with challenging opportunities and experiences to pursue meaningful careers after high school. One of our most innovative, challenging opportunities is our Program of Study in Certified Veterinary Assistant (CVA), which leads to the completion of an approved Industrial Based Certification (IBC) that prepares our students for success in college, career, or the military. This program of study provides a course sequence that prepare students with the knowledge and skills necessary for success in their chosen career by embedding relevant, real-world experiences. The CVA program requires mastery of a rigorous curriculum, passage of a comprehensive industrial based certification examination, completion of 200 clock-hours of classroom instruction and completion 300 clock-hours of on-site hands-on field experience in the form of an internship at a Partner Veterinary Clinic. Presently, 11th grade students enrolled in the Veterinary Medical Applications course to gain all requisite knowledge then enroll in the AFNR Practicum Class for Veterinary Assistant during their senior year. This only allows students to gain approximately 120 clock-hours of onsite hands-on field experience, which falls short of the required 300 clock-hours. This proposal will offer the 2 credit AFNR Practicum course during the summer months of June to August allowing students to gain a minimum of 80 additional clock-hours in an unpaid internship at partner veterinary clinics throughout the local community. A summer CVA program will need additional resources in the form of staffing, supplies, materials, travel and other operating cost. The instructional arrangement will be best served by having two Agricultural Science Teachers team teach the course to allow maximum use of such a short window of time. Students will be provided extensive instruction at the schools Agriculture Facility/Laboratory. Ag classroom, and at partnering veterinary clinics by both teachers, which will allow for more intense instruction. Additional instructional and laboratory supplies and materials are needed to augment our existing inventory to include hands-on aboratory simulators, medical supplies and medical grade equipment. The two teachers will supervise all student internship at community partner veterinarian clinics. Finally, to increase student participation it is proposed that the students be provided a stipend to supplement their income as will allow them to forgo other summer-time paid employment that is outside of the veterinarian industry. Offering the course over the summer of 2021 will increase the number of on-site hands-on field clock-hours students need towards the CVA. This program is congruent with our district's mission to increase student employability skills in the actual workplaces, facilitate a smoother transition from high school into the workplace, and enhance students opportunities in employment and higher education. Our local community will benefit by having an increase in the number of career ready individuals who become economically productive members of society and improving the stability of our local workforce and economy.

Qualifications and Experience for Key Personnel

Title and Responsibilities of Position

Outline the required qualifications and experience for primary project personnel and any external consultants projected to be involved in the implementation and delivery of the program. Include whether the position is existing or proposed.

2- Agricultural Science Teachers (existing) Grade and evaluate student work, coordinate with

SBEC teacher Certification - Agricultural Science and Technology (6-12) Three or more years of as an Agricultural Science Teacher

14 Veterinarian Partners (existing), Provide internships at local clinics, Approve on-site clock-hour credit for interns, Consult with teachers

partner clinics, and supervise student interns

Doctor of Veterinary Medicine (DVM) degree Texas Veterinary Medical Association License to Practice in Texas, Years of experience range from 2 to 30 (14 partners), At no cost to grant (based on training site agreement)

Required Qualifications and Experience

Director, Career and Technical Education (existing)
Supervise teacher assigned to Summer Program
Grant Administration and Grant Shepard

BS, MS, PhD- Agricultural Education SBECCertification Vocational Agriculture, Mid Management, Superintendent 30 year of experience in CTE programing At no cost to grant (on a 12 month contact with district)

RFA#	701-21-115	SAS#	473-2

Goals, Objectives, and Strategies

Describe the major goals/objectives of the proposed program. What activities/strategies will be implemented to meet those goals/objectives? **NOTE:** If applying for both Focus Areas, applicant must CLEARLY distinguish between the two in your response.

Major Goal 1. Students enrolled in the summer practicum will gain a minimum of 80 on-site training clock-hours at a local partner veterinarian clinic during the summer months of June and August 2021.

Major Goal 2. Students will complete a minimum of 40 of the 78 High School CVA Level I Skills Validation Checklist at their assigned veterinarian clinic with either the Licensed Veterinarian or Licensed Veterinary Technician.

Major Goal 3. Students will have an average score 7 or more on the High School CVA Level I Clinical Hands-On Training Validation Form which will be scored by the clinic Veterinarian or Licensed Technician using a Likert scale of 1-10 with 10 being highest

Major Goal 4. At the conclusion of the summer program, students will achieve a 70% or greater classroom grade as determined by in-class and laboratory assessments, daily assignments, and benchmark tests.

Activities/Strategies. The course will run for 8 weeks during June to August of 2021, Monday to Thursday from 8:00am to 12:00pm. Students will attend class on campus on Mondays and report to internship sites Tuesday, Wednesday and Thursday. Students will gain 2 credits upon completion of the AFNR Practicum course. Instruction will be provided by two Agricultural Science Teacher that will provide classroom/laboratory instruction and supervise students while interning at partner veterinary clinics. WHS CTE has 14 veterinary clinic partners that have agreed to provide internships at their location. The CVA standards and expectations are provided to each Veterinary partner, allowing student interns to gain clock hours as requirements. While each internship arrangement will be unique, this proposal will allow students to gain a minimum of 80 additional clock hours of on on-site training.

Performance and Evaluation Measures

Describe the performance measures identified for this program which are related to student outcomes and are consistent with the purpose of the program. Include the tools used to measure performance, as well as the processes that will be used to ensure the effectiveness of project objectives and strategies. **NOTE: If applying for both Focus Areas, applicant must CLEARLY distinguish between the two in your response.**

Student outcomes will be measured in several ways. First, the number of onsite hands-on clock hours completed during student internships at training sites with local community partner veterinary clinics. The internships will be established to allow student interns to complete a minimum of 80 clock-hours on onsite training at partner clinics. Students will be required to complete the minimum number of hours to pass the summer practicum; however, students could gain more that the minimum amount as allowed by their training site.

Secondly, student interns will complete the High School CVA Level I Skills Validation Checklist at their assigned veterinarian clinic with either the Licensed Veterinarian or Licensed Veterinary Technician. The checklist is used to determine mastery on onsite proficiency in core competencies of veterinary medicine. The criteria on the checklist is part of the CVA credentialing requirements. The checklist is available upon request and is approved by Texas Veterinary Medical Association, TVMA.

Third, the internship training sites will evaluate students using the High School CVA Level I Clinical Hands-On Training Validation Form which will be scored by the clinic Veterinarian or Licensed Technician using a Likert scale of 1-10 with 10 being highest. There are nine criteria used to evaluate student that include: Attendance & Punctuality; Initiative/Motivation/Interest/Attitude; interaction with others (clients, coworkers, etc.); Cooperation/ follow instructions & procedures; Ask questions appropriately; the professional 7 appropriate clinical appearance requirements; Professional & appropriate clinical behavior: Use of time and training opportunities; and Overall rate of visit/potential in this field. This evaluation will be provide at the conclusion of their internship to the supervising agricultural science teacher to determine student progress in the summer program.

Fourth, studentsclassroom content and laboratory knowledge/skills will be evaluated weekly using formal assessments, daily assignments, and benchmark tests. Content covered during classroom instruction will be reinforced during laboratory exercises both on-campus and at local partner clinics. All laboratory activities will be evaluated to determine student retention of key knowledge in the CVA program. Program effectiveness will be evaluated based on the number of students that gained 80 or more clock-hours during June to August, mastery of core competencies as determined by the checklist, student internship performance as determined by the clinical hand-on training validation form, and classroom grades as determined by daily grades, test and laboratory activities.

Budget Narrative

Describe how the proposed budget will meet the needs and goals of the program, including for staffing, supplies and materials, contracts, travel, etc. If applicable, include a high-level snapshot of funds currently allocated to similar programs. Include a short narrative describing how adjustments will be made in the future to meet needs. **NOTE: If applying for both Focus Areas, applicant must CLEARLY distinguish between the two in your response.**

The summer program in CVA will require additional resources in the form of staffing, supplies, materials, travel and other operating cost. The instructional arrangement will be best served by having two Agricultural Science Teachers to team teach the course to allow maximum use of such a short window of time. Each teacher will be compensated in the form of a stipend with grant funds at a cost of \$6,500.00 each and estimated fringe benefits cost at \$650.00 each (\$14,300.00). Students will be provided extensive instruction at the school's Agriculture Barn Laboratory, Ag classroom, and at partnering veterinary clinics by both teachers, which will allow for more intense instruction. Additional instructional and laboratory supplies and materials are needed to augment our existing inventory to include hands-on laboratory simulators, medical supplies and medical grade equipment. The two teachers will supervise all student internships at community partner veterinarian clinics. Teacher travel cost for training site visitation is estimated to total \$1,000. The proposed cost for augmenting our existing supplies, materials and equipment is \$20,700.00. Finally, to increase student participation it is proposed that the students be provided with a stipend to supplement their income. Providing students with a stipend will allow them to forgo other summer-time paid employment that is outside of the veterinarian industry. The proposed cost for student stipends will be \$1,000 each for 14 students at \$14,000.

Staffing expenses (not to exceed 75% of the grant request): \$14,300.00

Stipends for two Agricultural Science Teachers to team teach the course to allow maximum use of such a short window of time. Each teacher will be compensated in the form of a stipend with grant funds at a cost of \$6,500.00 each, and estimated fringe benefits cost at \$650.00 each.

Stipends to pay students who are not employed or receiving training by a private business: \$14,000.00

To increase student participation, it is proposed that the students be provided with a stipend to supplement their income. Providing students with a stipend will allow them to forgo other summer-time paid employment that is outside of the veterinarian industry. The proposed cost for student stipends will be \$1,000.00 each for 14 students.

Non-consumable and consumable instructional materials and resources for the delivery of instruction: \$20,700.00.

Instructional materials will augmenting our existing supplies, materials and equipment. Need for supplies include paper and classroom materials. Equipment under \$5,000 include Canine Breath and Heart Sounds, Incubator, Fertilized Chicken Eggs, Vet Tech Surgical Instrument Kit with Identification Flash Cards, Life/form® Advanced Sanitary CPR Dog, Digital Animal Scales, Digital Small Animal Scale, Grooming Table, Vet Wrap, Elasikon, Roll gauze, Non-Adhesive pads, Fecal loops, Teslong Ultra-Slim Wireless Ear Scope Camera with Replaceable Otoscope Specula, Surgical Drapes, Autoclave Tape, Syringe Sterile with Luer Lock Tip, 20g 1 inch LuerLoc, 18 g 1 inch Exel, and Airway Intubation Kit-First Responder Set.

Allowable travel expenses for teacher site visitation: \$1,000.00

Allowable student travel will be provided at no cost to the grant. All students in the program have parental consent and the ability to transport themselves to their assigned internship; however, to eliminate any transportation barriers encountered by student interns, the two teachers will utilize the district's white fleet vehicles to transport students to internship sites whenever transportation in not available to students.

Proposal total: \$50,000.00.

Future consideration: The instructional materials will be useful for future years to continue teaching the CVA content. The district will provide a second year of the practicum course in 2020-2021 in addition to what has been offered in the past. This will allow students to gain additional clock-hours towards the 300 required clock-hours.

CDN 212906 Vendor ID 1756002764

Amendment #

N/A

Program Requirements

1. Focus Area 1: Applicants must specify which program(s) of study and the CTE course(s) in the program(s) of study that will be offered (see https://tea.texas.gov/academics/college-career-and-military-prep/career-and-technical-education/approved-cte-programs-study for a list of the approved statewide programs of study). Include the number of students who be engaged and supported in this focus area.

N/A		
		E 1

2. Focus Area 2: Applicants must specify business and industry partners who will be involved in your program. Additionally, specify the work-based learning model(s) which will be utilized and the number of students who will be engaged and supported.

Through the Whitehouse Veterinary Medical Program 14 students have the opportunity to learn from Veterinary Medical Partners in the Smith County Area. Grant funds will be used to establish, facilitate, and monitor internship programs at the following Veterinarian Clinics within the Whitehouse community to include:

Our Family Vet- Bullard, West Tyler Veterinary Clinic, Spence and White Veterinary Hospital, Chapel Hill Veterinary Clinic, Shelley Drive Anima Clinic, Tyler Veterinary Center, South Tyler Animal Clinic, Starnes Animal Clinic, Copeland Road Animal Hospital, Animal Medical Center of Tyler, Dr. Lynn Foster Veterinary Clinic, Whitehouse Veterinary Hospital, and Flint Veterinary Clinic.

The summer program in Certified Veterinary Assistant will utilize internship as our work-based learning model where by students will gain clock-hours at internship sites. Offering the practicum over the summer months will increase the opportunity for on-site hands-on field experience as student intern at partner veterinary clinics. This program will meet student needs and is congruent with our district by increase student employability skills in the actual workplaces, facilitate a smoother transition from high school into the workplace for interns, and enhance interns post-secondary opportunities in employment and higher education. Partner veterinarian clinics will benefit from the program with the creation of a pool of skilled-motivated candidates for employment, and the overall training costs of employees will be reduced. Well prepared employees will also improve employee retention and employee morale. In keeping with our mission, this program will offer relevant instruction which will benefit students with their learning, and allow them to gain access to workplace facilities, techniques, and technology, as well as promoting faculty interaction with the community partners. Community benefits include increasing the number of workplace-ready individuals who become economically productive members of society and improving the stability of our local workforce and economy.

CDN Vendor ID		Amendment #		
Appendix I: Amendment Description a	nd F	Ourpose (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. The following are required to be submitted for an amendment: (1) Page 1 of the application with updated contact information and current authorized official's signature and date, (2) Appendix I with changes identified and described, (3) all updated sections of the application or budget affected by the changes identified below, and, if applicable, (4) Amended Budget Request. Amendment Instructions with more details can be found on the last tab of the budget template. You may duplicate this page				
Amount of Continu		December 6 and American 6		
Amended Section		Reason for Amendment		
	7			
	*			
	-			
	-			