

# 2020-2021 STOP School Violence - Mental Health Training Grant, Cycle 2 Letter of Interest (LOI) Application Due 11:59 p.m. CT, July 21, 2020

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| Authorizing legislation                    | Student, Teachers, and Officers Preventing (STOP) School Violence Act of 2018 reauthorizes the grant program for school security in the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S. Code §10551); Authorized by P.L. 90-351 as amended by P.L. |                                    |  |  |  |  |
|--|--|------------------------------------|--|--|--|--|
|  | 115-141  |                                    |  |  |  |  |
|  |  | Application stamp-in date and time |  |  |  |  |
| This LOI application must b                | e submitted via email to loiapplications@tea.texas.gov.  |                                    |  |  |  |  |
| The LOI application may be are acceptable. |  |                                    |  |  |  |  |
| TEA must receive the applic                |  |                                    |  |  |  |  |
| Grant period from                          | August 4, 2020- August 31, 2021  |                                    |  |  |  |  |
| Pre-award costs permit                     | ed from Not Applicable   |                                    |  |  |  |  |
| <b>Required Attachmen</b>                  | ts   |                                    |  |  |  |  |

1. Excel workbook with the grant's budget schedules (linked along with this form on the TEA Grants Opportunities page)

| Amendment Number  |                    |                       |                            |  |  |  |
|---|--------------------|-----------------------|----------------------------|--|--|--|
| Amendment number (For amendments only; enter N/A when completing this form to apply for grant funds):   |                    |                       |                            |  |  |  |
| Applicant Information   |                    |                       |                            |  |  |  |
| Organization Jubilee Academies  | CDN 015822 Cam     | pus                   | ESC 20 DUNS 085672652      |  |  |  |
| Address 4434 Roland   | City San Antoni    | o ZIP 78222           | Vendor ID 1742939346       |  |  |  |
| Primary Contact Christine Sanchez Email   | christine.sanchez@ | jubileeacademic.org   | Phone 2193938355           |  |  |  |
| Secondary Contact Michelle Apodaca Email  | michelle.apodaca   | @jubileeacademic.org  | Phone 2107223865           |  |  |  |
| Certification and Incorporation   |                    |                       |                            |  |  |  |
| binding agreement. I hereby certify that the information contained in this application is, to the best of my knowledge, correct<br>and that the organization named above has authorized me as its representative to obligate this organization in a legally<br>binding contractual agreement. I certify that any ensuing program and activity will be conducted in accordance and<br>compliance with all applicable federal and state laws and regulations.<br>I further certify my acceptance of the requirements conveyed in the following portions of the LOI application, as applicable,<br>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 Sus     | pension Certification      |  |  |  |
| Image: Seneral and application-specific Provisions and Assurances Image: Lobbying Certification   |                    |                       |                            |  |  |  |
| Authorized Official Name Kevin Phillips Title Superintendent  |                    |                       |                            |  |  |  |
| Email kevin.phillips@jubileeacademic.org Phone 2103336227   |                    |                       |                            |  |  |  |
| Signature Kurin Phillipa Date Jul 19, 2020  |                    |                       |                            |  |  |  |
| RFA # 701-20-126 SAS # 472-21 2020-2021 STOP S  | chool Violence- Me | ental Health Training | Grant, Cycle 2 Page 1 of 9 |  |  |  |

## **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.

- I. 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 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 to adhere to all the Statutory and TEA Program requirements as noted in the 2020-2021 STOP School Violence Mental Health Training Grant, Cycle 2 Program Guidelines.
- ☑ 4. The applicant provides assurance to adhere to all the Performance Measures, as noted in the 2020-2021 STOP School Violence Mental Health Training Grant, Cycle 2 Program Guidelines, and shall provide to TEA, upon request, any performance data necessary to assess the success of the program.
- S. Training sessions will be provided for school officials related to responding to related mental health crises that may precipitate violent attacks on school grounds.
- Solution 6. Grantees will provide documentation of all training and education sessions conducted under the award to TEA in the time and manner requested by TEA.
- X 7. Grantees will develop a plan to increase awareness of:
  - a. traumatic stress and mental health needs,

b. trauma and mental health literacy of school staff, parents, and others who interact with students to recognize the signs and symptoms of mental health concerns that may cause school violence, and c. how to link students and families to appropriate services.

- X 8. Training may include such as, but not limited to, Psychological First Aid Schools (PFA-S), Trauma Informed Strategies and Mindfulness, suicide prevention, bullying prevention, and substance abuse training for school staff.
- 9. As part of the matching requirement, grantees will engage in partnership building with family service providers, as well as with businesses and community groups to broaden and link all community resources available to school-aged youth and their families.

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# Statutory/Program Assurances (Cont.)

I0. Grantees must conduct a school climate survey (pre/post program).

- X 11. Grantees must provide a dedicated person to coordinate the work.
- X 12. Grantees must include Positive School Climate training such as classroom management.
- X 13. Grantees must include School Counselor Involvement.

# 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.

Our mission at Jubilee Academies is to provide a nurturing community focused on leadership and educational excellence. At Jubilee Academies, we have strong belief in the core values developed by our leadership team. Those core values; Joy, Understanding, Balance, Integrity, Leadership, Excellence and Education, help to guide all aspects of education at our campuses. A curriculum is being created to be implemented in all schools to create and sustain a safe and positive school climate linked to Jubilee Academies core values to maximize student learning. The Director of Student Services at Jubilee Academies will be the dedicated individual coordinating all events associated with the program. The program will provide training to employees to recognize behavior on the pathway to violence and develop intervention skills to meet students' mental health needs. The acquired knowledge of the program will ensure all campus personnel are trained and have resources to appropriately identify potential threats and mental crises. Increasing the knowledge and awareness will help support the nurturing community our mission focuses on and allow our students to academically and emotionally flourish.

# **Goals, Objectives, and Strategies**

Describe the major goals/objectives of the proposed program. What activities/strategies will be implemented to meet those goals/objectives?

The goal is to have all Jubilee Academies staff recognize behavior on the pathway to violence and develop intervention skills to meet students' mental health needs. In acquiring this knowledge, the staff will be able appropriately identify potential threats and mental health crises and refer students/families to the counselor and/or community agency for support. All school personnel will be trained on Trauma informed Care best practices. This will build a common awareness and understanding of the effects of trauma within a community and the resources that are available. Strategies/Activities will include: \*Training to include a presenter focusing on the understanding of the impact of trauma and integrating trauma sensitivity practices in our schools, \*Workshops designed to build skills for parents, teachers, and service providers with practical principles on how to reach and work with today's generation that have experienced trauma,\*Provide on-line training modules to include Adverse Childhood Experiences - an overview how ACEs impact student learning, mental health and behavior, \*Provide training on how individuals can respond to traumatized youth, manage disclosures of abuse, child protective services mandatory reporting and how to refrain from re-traumatization and provide information to build resiliency, \*Wellness Community Resource Fairs (campus/regional) to increase Parent and community awareness, provide staff with supplies and materials that will support the implementation of trauma informed care best practices (examples: stress balls, alternative seating, calming tools...), \*train staff on creating and utilizing safe places for deescalation of student behaviors at every campus, \*create a counselor resource library at each campus, available for all staff, to serve the needs of students with trauma, \*train campus counselors to increase their knowledge of available resources. Each strategy/activity provided will be modified in the event virtual learning continues during the school year.

## 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.

The Director of Student Services at Jubilee Academies will be coordinating the collection of data related to the program. This will include conducting a pre-knowledge survey to create a baseline on the awareness of trauma informed care within the district and community. The survey will be sent out to staff, students and parents. Another survey will be conducted at the end of the school year to determine the effectiveness of the program and support the answer to the question, "Was there an increase in the awareness and skills in trauma informed care?" The Director of Student Services will also be monitoring the attendance of trainings and on-line modules through submitted certificates and/or sign in sheets. The Director will continue to follow up with staff throughout the year to encourage and support the importance of attending trainings. The Director will adjust and modify training schedules to meet the needs of campuses and maximize participation. Another performance measure will be monitoring the campus data related to behavioral referrals. The Director of Student Services will be monitoring behavioral referrals on a monthly basis to determine the causes of such behavior and the effectiveness of any skills acquired through the trauma informed care trainings. The Director of Student Services will also collect sign-in sheets for all trainings provided to counselors to increase their knowledge of resources available to help support students with trauma.

### **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.

A. Salary- No funding will be allocated to this section. There will be a cost match for the Director of Student Services for time and effort.

B. Staff Development - Funding will be used for the keynote speakers and trainings being offered to all staff, students and parents. Several repeat trainings will be offered throughout the year to maximize participation. In an effort to maintain the program for the future, a trainer of trainer option will be considered. The purpose of the program is to increase knowledge of the trauma informed care for all staff.

C. Supplies and Material - Funding under supplies and materials will be used toward items needed for in-house training (printed materials - if needed, make and take supplies - if virtual training provided, material will be available for staff to send out to students for home use). Another portion will be used to build library for counselors that can be used by teachers or administrators to conduct book study with staff to further their knowledge in best practices in trauma informed care. Staff that work directly with students will be provided sensory tools that will assist in student desecacalating & self regulate and refocus to achieve social, emotional and academic success.

D. Travel - No travel costs will be associated with this program.

Jubilee Academies does not currently have the capacity to provide such training within the district, but is working on creating organization structures to help support and increase the capacity. Such as hiring a Director of Student Services. The district will also be seeking a trainer of trainer course to train a staff member who can offer the training to future staff members. The district is committed to creating future training needs such as on-board training for new staff (Trauma Informed Care 101), Refresher course for previously trained staff, enhanced techniques of trauma informed care conducted throughout the year, and annual parent/community events to focus on trauma informed care awareness.

## Statutory/Program Requirements

Describe how you will develop your training plans, deliver the training and document outcomes. A training plan will be considered particularly strong if it includes distance or on-line learning delivery systems as part of its programming.

Training plans will be developed based on data presented from the climate survey and based on each campus needs with cultural sensitivity. Each training session will be created to maximize participant opportunities. Sessions will be provided face to face (if available due to COVID-19) or virtually. If virtual training is to occur, measures will be put in place to ensure participation including pre/post surveys, evaluations and engaging activities. Outcomes will be measured through the pre/ post knowledge skill surveys with workshops and the climate survey (conducted in October and April).

\*Introduction of Trauma Informed Care best practices at Leadership Summit (July 2020)

\*Pre-Knowledge Survey for Staff, Students and Parents (September 2020)

\*On-line training available to all staff (October 2020 - April 2021)

\*Ongoing training of Counselors in Trauma Informed Care and resources (Monthly)

\*Workshops to include keynote speaker and Trauma Informed Care best practices to staff - South Central Region (November 2020)

\*Workshops to include keynote speaker and Trauma Informed Care best practices to staff - Rio Grande Valley / Kingsville Region (January 2021)

\*Wellness Community Resource Fair to include a presentation on Trauma Informed Care best practices/ Make and Take sessions that can be utilized at home (March 2021)

\*Post-Knowledge Survey for Staff, Students and Parents (May 2021)

| CDN 015822 Vendor ID 1742939346  | Amendment #   |
|--|---|
| 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 program.  |   |
| <ul> <li>The applicant assures that no barriers e<br/>funded by this program.</li> </ul> | exist to equitable access and participation for any groups receiving services     |
| Barriers exist to equitable access and pa<br>described below.                            | articipation for the following groups receiving services funded by this grant, as |

| Group | Barrier |  |
|-------|---------|--|
| Group | Barrier |  |
| Group | Barrier |  |
| Group | Barrier |  |

## **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 program?

⊖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.

 $_{\rm in}$  The LEA assures the appropriate Affirmations of Consultation will be provided to TEA's PNP Ombudsman in the  $_{\rm in}$  manner and time requested.

# **5B: Equitable Services Calculation**

| 1. | LEA's | student | enrol | lment |
|----|-------|---------|-------|-------|
|----|-------|---------|-------|-------|

- 2. Enrollment of all participating private schools
- 3. Total enrollment of LEA and all participating PNPs (line 1 plus line 2)
- 4. Total current-year program allocation
- 5. LEA reservation for direct administrative costs, not to exceed the program's defined limit
- 6. Total LEA amount for provision of ESSA PNP equitable services (line 4 minus line 5)
- 7. Per-pupil LEA amount for provision of ESSA PNP equitable services (line 6 divided by line 3)

LEA's total required ESSA PNP equitable services reservation (line 7 times line 2)

Authorized: STOP School Violence Act 2018 reauthorizes in Omnibus Crime Control and Safe Streets Act (34 U.S. Code §10551)

### **IMPORTANT NOTICE:** Application Part 2 is not compatible with Google Docs.

**Complete the supporting budget worksheets first,** i.e., 6100, 6200, 6300.... The Program Budget Summary worksheet is linked to and will auto-populate with the amounts you entered on the respective supporting budget worksheets. All budgeted amounts must be entered in whole dollar amounts. *Do not enter any cents.* 

On each supporting budget worksheet, complete the Total Program Costs and Total Direct Admin Costs lines. Together these lines must equal the Grand Total otherwise the field will change color to red indicating an error. These amounts will automatically populate on the Program Budget Summary worksheet.

If pre-award costs are allowable, budget all pre-award costs in the Pre-Award Cost column on the appropriate supporting budget worksheet(s).

#### Payroll 6100

Complete this worksheet to request payroll costs. Do not request funds for consultants or contractors on this worksheet; those funds should be requested on the Professional and Contracted Services 6200 worksheet.

#### Professional and Contracted Services 6200

Complete this worksheet to request professional services, consulting services, and contracted services.

#### **Supplies and Materials 6300**

Complete this worksheet to request supplies and materials.

#### **Other Operating Costs 6400**

Complete this worksheet to request other operating costs. Be sure to comply with documentation requirements, where applicable.

#### **Capital Outlay 6600**

Complete this worksheet to request capital outlay costs.

Capital outlay means funds budgeted or expended to purchase capital assets, such as equipment, or expenditures for the acquisition cost of capital assets. Capital assets are tangible or intangible assets having a useful life of more than one year, which are valued at \$5,000 or greater per unit, or the applicant's capitalization level, whichever is less. Capital outlay may include expenditures to make improvements to capital assets that materially increase their value or useful life.

#### **Budget Summary**

This worksheet auto-populates from the supporting budget worksheets for Program Costs, Direct Admin Costs, and Pre-award Costs, if applicable. There are only a few fields that may require input from the grantee, if applicable, such as indicating *Consolidate Administrative Funds, Indirect Costs, Shared Services Arrangement,* or the *Administrative Cost Calculation.* 

*Consolidate Administrative Funds* - If applicable, click on the cell, then click on the arrow that appears. Select "Yes, No or N/A" from the drop down selection.

*Indirect Costs* - Refer to the Maximum Indirect Cost Handbook to calculate the maximum indirect costs that may be claimed for the grant and enter the amount of indirect costs budgeted for this grant on line 8 under the Total Budgeted Cost column. <u>Maximum Indirect Cost Workbook</u> link.

*Shared Services Arrangement* - If applicable, enter amount of payments to member districts on line 9.

*Direct Administrative Cost Calculation* - Enter the Total of All Budgeted Costs from line 8 on line 10 to determine the maximum amount allowable for direct administrative costs.

For further guidance, refer to the *Budgeting Costs Guidance Handbook*.

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| County District Number or Vendor ID:         |   |                   |                       |            |
|--|---|-------------------|-----------------------|------------|
| county District Number of Vendor ID.         | Bay   | roll Costs (6100) |                       |            |
| Employee Position Title                      | Estimated # of<br>Positions<br>100% Grant<br>Funded | Estimated # of    | Grant Amount Budgeted | Cost Match |
| Academic/Instructional                       | <u> </u>  |                   |                       | -          |
| 1 Teacher                                    |   |                   | \$ -                  | \$ -       |
| 2 Educational Aide                           |   |                   | \$ -                  | \$ -       |
| 3 Tutor                                      |   |                   | \$ -                  | \$ -       |
| Program Management and Administration        |   | •                 |                       | -          |
| 4 Project Director                           |   |                   | \$-                   | \$-        |
| 5 Project Coordinator                        |   |                   | \$ -                  | \$-        |
| 6 Teacher Facilitator                        |   |                   | \$-                   | \$ 6,250   |
| 7 Teacher Supervisor                         |   |                   | \$-                   | \$-        |
| 8 Secretary/Admin Assistant                  |   |                   | \$ -                  | \$-        |
| 9 Data Entry Clerk                           |   |                   | \$ -                  | \$ -       |
| 10 Grant Accountant/Bookkeeper               |   |                   | \$ -                  | \$-        |
| 11 Evaluator/Evaluation Specialist           |   |                   | \$ -                  | \$-        |
| Auxiliary                                    |   |                   |                       |            |
| 12 Counselor                                 |   |                   | \$ -                  | \$ -       |
| 13 Social Worker                             |   |                   | \$ -                  | \$ -       |
| 14 Community Liaison/Parent Coordinator      |   |                   | \$-                   | \$ -       |
| Education Service Center (to be completed by | ESC only when ESC i                                 | s the applicant)  |                       |            |
| 15 ESC Specialist/Consultant                 |   |                   | \$ -                  | \$ -       |
| 16 ESC Coordinator/Manager/Supervisor        |   |                   | \$ -                  | \$-        |
| 17 ESC Support Staff                         |   |                   | \$ -                  | \$ -       |
| 18 ESC Other: (Enter position title here)    | _   |                   | \$ -                  | \$ -       |
| 19 ESC Other: (Enter position title here)    | _   |                   | \$ -                  | \$ -       |
| 20 ESC Other: (Enter position title here)    |   |                   | \$-                   | \$ -       |
| Other Employee Positions                     |   |                   |                       | 1.         |
| 21 (Enter position title here)               |   |                   | \$ -                  | \$ -       |
| 22 (Enter position title here)               |   |                   | \$ -                  | \$ -       |
| 23   | Subtota   | l Employee Costs: | \$-                   | \$ 6,250   |
| Substitute, Extra-Duty Pay, Benefits Costs   |   |                   | 4                     |            |
| 24 6112 - Substitute Pay                     |   |                   | \$ -<br>\$ -          | \$ -       |
|  | 6119 - Professional Staff Extra-Duty Pay            |                   |                       | \$ -       |
| 26 6121 - Support Staff Extra-Duty Pay       |   |                   | \$ -                  | \$ -       |
| 27 6140 - Employee Benefits                  |   |                   | \$ -                  | \$ -       |
| 28 61XX - Tuition Remission (IHEs only)      | litute Future Duty D                                | Domofite Coster   | \$ -                  | \$ -       |
|  | titute, Extra-Duty Pa                               |                   |                       | \$ -       |
| 30   | <b>T</b> -+-  | Grand Total:      |                       | \$ 6,250   |
| 31   |   | I Program Costs*: |                       | -          |
| 32   | l otal Dire   | ect Admin Costs*: | \$ -                  |            |

\*Complete the Total Program Costs (line 31) and Total Direct Admin Costs (line 32) lines. The sum of these lines must equal the Grand Total (line 30) otherwise the field will change color to red indicating an error. These amounts will automatically populate on the Program Budget Summary worksheet.

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division

Administering a Grant page.

| 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: |  |  |  |  |

#### Authorized: STOP School Violence Act 2018 reauthorizes in Omnibus Crime Control and Safe Streets Act (34 U.S. Code §10551)

| Cοι | County District Number or Vendor ID: 0   |     |                    |            |  |  |  |
|-----|--|-----|--------------------|------------|--|--|--|
|     | Professional and Contracted Services (6200)  |     |                    |            |  |  |  |
| pro | <b>NOTE:</b> 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. Please provide a brief description for the service and purpose. |     |                    |            |  |  |  |
|     | Description of Service and Purpose   | Gra | nt Amount Budgeted | Cost Match |  |  |  |
|     | 6269 - Rental or lease of buildings, space in buildings, or land   |     |                    |            |  |  |  |
| 1   | Specify purpose:   | \$  | -                  | \$-        |  |  |  |
|     | Service:   |     |                    |            |  |  |  |
| 2   | Specify purpose:   | \$  | -                  | \$-        |  |  |  |
|     | Service:   |     |                    |            |  |  |  |
| 3   | Specify purpose:   | \$  | -                  | \$-        |  |  |  |
|     | Service:   |     |                    |            |  |  |  |
| 4   | Specify purpose:   | \$  | -                  | \$ -       |  |  |  |
|     | Service:   |     |                    |            |  |  |  |
| 5   | Specify purpose:   | \$  | -                  | \$ -       |  |  |  |
|     | Service:   |     |                    |            |  |  |  |
| 6   | Specify purpose:   | \$  | -                  | \$ -       |  |  |  |
|     | Service:   |     |                    |            |  |  |  |
| 7   | Specify purpose:   | \$  | -                  | \$ -       |  |  |  |
|     | Service:   |     |                    |            |  |  |  |
| 8   | Specify purpose:   | \$  | -                  | \$-        |  |  |  |
|     | Subtotal of professional and contracted services requiring   |     |                    |            |  |  |  |
| 9   | specific approval:   | -   | -                  | \$-        |  |  |  |
|     | Remaining 6200 - Professional and contracted services that do  |     |                    |            |  |  |  |
| -   | not require specific approval.   | \$  | 15,000             | \$ -       |  |  |  |
| 11  | Grand Total:   |     | 15,000             | \$-        |  |  |  |
| 12  | Total Program Costs*:  |     | 15,000             |            |  |  |  |
| 13  | Total Direct Admin Costs*:   | \$  | -                  |            |  |  |  |

\*Complete the Total Program Costs (line 12) and Total Direct Admin Costs (line 13) lines. The sum of these lines must equal the Grand Total (line 11) otherwise the field will change color to red indicating an error. These amounts will automatically populate on the Program Budget Summary worksheet.

| FOR TEA USE ONLY                                |  |
|---|--|
| Changes on this page have been confirmed with:  |  |
| Via telephone/fax/email (circle as appropriate) |  |

**Application Part 2:** 

#### 2020-2021 STOP School Violence-Mental Health Training Grant, Cycle 2

Authorized: STOP School Violence Act 2018 reauthorizes in Omnibus Crime Control and Safe Streets Act (34 U.S. Code §10551)

| Cou | ounty District Number or Vendor ID: 0   |    |                       |    |            |  |
|-----|---|----|-----------------------|----|------------|--|
|     | Supplies and Materials (6300)   |    |                       |    |            |  |
|     | Expense Item Description  |    | Grant Amount Budgeted |    | Cost Match |  |
| 1   | Remaining 6300 - Supplies and materials that do<br>not require specific approval: | C  | 10,000                | \$ | -          |  |
| 2   | Grand Total:  | \$ | 10,000                | \$ | -          |  |
| 3   | Total Program Costs*:   | \$ | 10,000                |    |            |  |
| 4   | Total Direct Admin Costs*:  | \$ | -                     |    |            |  |

\*Complete the Total Program Costs (line 3) and Total Direct Admin Costs (line 4) lines. The sum of these lines must equal the Grand Total (line 2) otherwise the field will change color to red indicating an error. These amounts will automatically populate on the Program Budget Summary worksheet.

| FOR TEA USE ONLY                                 |  |
|--|--|
| Changes on this page have been confirmed with:   |  |
| Via telephone/fax/email (circle as appropriate): |  |

#### Authorized: STOP School Violence Act 2018 reauthorizes in Omnibus Crime Control and Safe Streets Act (34 U.S. Code §10551)

| Сои | County District Number or Vendor ID: 0 0  |                       |            |  |  |  |  |
|-----|---|-----------------------|------------|--|--|--|--|
|     | Other Operating Costs (6400)  |                       |            |  |  |  |  |
|     | Expense Item Description  | Grant Amount Budgeted | Cost Match |  |  |  |  |
| 1   | 6411 - Out-of-state travel for employees. Must be<br>allowable per Program Guidelines and grantee must<br>keep documentation locally.   | \$ -                  | \$ -       |  |  |  |  |
| 2   | 6412 - Travel for students to conferences (does not<br>include field trips). Requires pre-authorization in<br>writing.<br>Specify name and purpose of conference:   | \$-                   | \$ -       |  |  |  |  |
| 3   | 6412/6494 - Educational Field Trip(s). Must be<br>allowable per Program Guidelines and grantee must<br>keep documentation locally.  | \$ -                  | \$ -       |  |  |  |  |
| 4   | 6413 - Stipends for non-employees other than those included in 6419.  | \$ -                  | \$ -       |  |  |  |  |
| 5   | 6419 - Non-employee costs for conferences. Requires pre-authorization in writing.   | \$ -                  | \$ -       |  |  |  |  |
| 6   | 6411/6419 - Travel costs for officials such as Executive<br>Director, Superintendent, or Local Board Members.<br>Allowable only when such costs are directly related to<br>the grant. Must be allowable per Program Guidelines<br>and grantee must keep out-of-state travel<br>documentation locally. | \$ -                  | \$ -       |  |  |  |  |
| 7   | 6495 - Cost of membership in civic or community<br>organizations.<br>Specify name and purpose of organization:  | \$ -                  | \$ -       |  |  |  |  |
| 8   | 64XX - Hosting conferences for non-employees. Must<br>be allowable per Program Guidelines, and grantee must<br>keep documentation locally.  | \$ -                  | \$ -       |  |  |  |  |
| 9   | Subtotal of other operating costs (6400) requiring specific approval:   |                       | \$ -       |  |  |  |  |
| 10  | Remaining 6400 - Other operating costs that do not require specific approval.   | \$ -                  | \$ -       |  |  |  |  |
| 11  | Grand Total:  | \$ -                  | \$ -       |  |  |  |  |
| 12  | Total Program Costs*:   | \$ -                  |            |  |  |  |  |
| 13  | Total Direct Admin Costs*:  | \$ -                  |            |  |  |  |  |
| *   | *Complete the Total Program Costs (line 12) and Total Direct Admin Costs (line 13) lines. The sum of these lines must   |                       |            |  |  |  |  |

\*Complete the Total Program Costs (line 12) and Total Direct Admin Costs (line 13) lines. The sum of these lines must equal the Grand Total (line 11) otherwise the field will change color to red indicating an error. These amounts will automatically populate on the Program Budget Summary worksheet.

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

| 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: |  |  |  |

#### RFA# 701-20-126; SAS #472-20

#### Authorized: STOP School Violence Act 2018 reauthorizes in Omnibus Crime Control and Safe Streets Act (34 U.S. Code §10551)

| County District Number or Vendor ID:    | 0                            |                  |                          |                  |
|---|------------------------------|------------------|--------------------------|------------------|
|   | Capital Outlay (6            | 5 <b>00)</b>     | •                        | -                |
| Description and Purpose                 | e Quantity                   | Unit Cost        | Grant Amount<br>Budgeted | Cost Match       |
| 6669 - Library Books and Media (capita  | lized and controlled by libr | ary)             | L                        | I                |
| 1                                       | N/A                          | N/A              | \$-                      |                  |
| 66XX - Computing Devices, capitalized   |                              |                  |                          |                  |
| 2 (Enter description and brief purpo    | se)                          |                  | \$-                      |                  |
| 3                                       |                              |                  | \$-                      |                  |
| 4                                       |                              |                  | \$-                      |                  |
| 5                                       |                              |                  | \$-                      |                  |
| 6                                       |                              |                  | \$-                      |                  |
| 7                                       |                              |                  | \$-                      |                  |
| 8                                       |                              |                  | \$-                      |                  |
| 9                                       |                              |                  | \$-                      |                  |
| 66XX - Software, capitalized            |                              |                  |                          |                  |
| 10 (Enter description and brief purpo   | se)                          |                  | \$-                      |                  |
| 11                                      |                              |                  | \$ -                     |                  |
| 12                                      |                              |                  | \$-                      |                  |
| 66XX - Equipment, furniture, or vehicle | es                           |                  |                          |                  |
| 13 (Enter description and brief purpo   | se)                          |                  | \$-                      |                  |
| 14                                      |                              |                  | \$-                      |                  |
| 15                                      |                              |                  | \$-                      |                  |
| 66XX - Capital expenditures for additio |                              | fications to cap | oital assets that mate   | erially increase |
| heir value or useful life (not ordinary |                              |                  | Ι.                       | 1                |
| 16 (Enter description and brief purpo   | -                            |                  | \$ -                     |                  |
| 17                                      | Grand Total (su              | ,                |                          | \$-              |
| 18                                      |                              | rogram Costs*:   |                          |                  |
| 19                                      | Total Direct                 | Admin Costs*:    |                          |                  |

\*Complete the Total Program Costs (line 18) and Total Direct Admin Costs (line 19) lines. The sum of these lines must equal the Grand Total (line 17) otherwise the field will change color to red indicating an error. These amounts will automatically populate on the Program Budget Summary worksheet.

| FOR TEA USE ONLY                                |                      |
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| Via telephone/fax/email (circle as appropriate) | By TEA staff person: |

#### Application Part 2:

## 2020-2021 STOP School Violence-Mental Health Training Grant, Cycle 2

Authorized: STOP School Violence Act 2018 reauthorizes in Omnibus Crime Control and Safe Streets Act (34 U.S. Code §10551)

| Cou  | nty District  | Number or vendor ID:   |                          |  | 0            |      |                                 |        |                     | -     | 0            |
|--|---|--|--------------------------|--|--------------|------|---------------------------------|--------|---------------------|-------|--------------|
| Grant Period: August 4, 2020 to August 31, |   | , 202  | 21                       | Fund Code/ Shared Services<br>Arrangement: |              |      | 289/379                         |        |                     |       |              |
|  |   |  | Βι                       | Idge                                       | t Summary    | /    |                                 |        |                     |       |              |
|  |   |  |                          | Source of Funds                            |              |      |                                 |        |                     |       |              |
|  | Descr   | iption and Purpose   | Class/<br>Object<br>Code | Pro  | gram Cost    | Ac   | Direct<br>dministrative<br>Cost | Tot    | al Budgeted<br>Cost | Cos   | t Match Cost |
| 1  | Payroll Cos   | sts  | 6100                     | \$   | -            | \$   | -                               | \$     | -                   | \$    | 6,250        |
| 2  | Profession  | al and Contracted Services   | 6200                     | \$   | 15,000       | \$   | -                               | \$     | 15,000              | \$    | -            |
| 3  | Supplies ar   | nd Materials   | 6300                     | \$   | 10,000       | \$   | -                               | \$     | 10,000              | \$    | -            |
| 4  | Other Ope   | rating Costs   | 6400                     | \$   | -            | \$   | -                               | \$     | -                   | \$    | -            |
| 5  | Capital Out   | tlay   | 6600                     | \$   | -            | \$   | -                               | \$     | -                   | \$    | -            |
| 6  | 6 Total Direct Costs:   |  | \$                       | 25,000                                     | \$           | -    | \$                              | 25,000 | \$                  | 6,250 |              |
| 7  | 7 *Indirect Costs:  |  |                          |  |              |      | \$                              | -      |                     |       |              |
| 8  |   | Total of All Budget  | ed Costs :               | \$   | 25,000       | \$   | -                               | \$     | 25,000              | \$    | 6,250        |
|  |   |  | Shared S                 | ervi                                       | ces Arrang   | eme  | ent                             |        |                     |       |              |
| 9  | 6493  | Of the Total of All Budgeted Costs<br>will be passed to member districts |                          | \$   | -            | \$   | -                               | \$     | -                   |       |              |
|  |   | Dir  | ect Admir                | nistra                                     | ative Cost ( | Calc | ulation                         |        |                     |       |              |
| 10   |   |  | Total of                 | All B                                      | udgeted Co   | osts | (from line 8):                  | \$     | 25,000              |       |              |
| 11   |   |  |                          |  |              |      |                                 |        | 0.08                |       |              |
| 12   | 12 Maximum amount allowable for <b>Direct Administrative</b> co |  |                          |  |              |      | strative costs:                 | \$     | 2,000               |       |              |

\*For current year indirect cost rates, please visit the Federal Fiscal Compliance and Reporting Indirect Cost Rates page.

Indirect costs are not required to be budgeted in the grant application in order to be charged to the grant. 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. Indirect costs claimed are part of the total grant award amount, not in addition to the grant award amount. Do not submit an amendment solely for the purpose of budgeting indirect costs.

To calculate the maximum indirect cost, please use the **Maximum Indirect Costs Worksheet** on the Grants Administration Division's Administering a Grant page.

| FOR TEA USE ONLY                                |                      |  |  |  |  |
|---|----------------------|--|--|--|--|
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# 2020-2021 STOP School Violence-Mental Health Training Grant, Cycle 2

# Authorized: STOP School Violence Act 2018 reauthorizes in Omnibus Crime Control and Safe Streets Act (34 U.S. Code §10551)

| County District Number or vendor ID:  |   |  | Amendment  |  |                              |
|---|---|--|--|--|------------------------------|
| S   |   |  | г  |  |                              |
|   | e amendment i<br>es must be sub<br>or by fax. Do no<br>be accepted.<br>e copies of each<br>addu<br>ntrol Center, Gu<br>ucation Agency | nstructions loca<br>mitted with an<br>ot submit the sa | ited on the las<br>amendment.<br>me amendme<br>nent to the ar<br>ation Division, | et page of this<br>ent by both me<br>mendment to | Excel<br>ethods.             |
| f the amendment is faxed, submit one copy<br>following fax numbers: (512) 463-9811 or (   | y of each sched   | lule pertinent to                                      | the amendm   | ent to either o                                  | of the                       |
| The last day to submit an amendment to TE<br>effective on the day TEA receives it in subst<br>approval by TEA.<br>WH  | antially approv   |  | mendments a  | 0  |                              |
| For all grants, regardless of dollar amount,  | prior written ar  | oproval is requir                                      | red to make ce   | ertain changes                                   | to the                       |
|   |   | lget Request   |  |  |                              |
| Description   | Class/<br>Object Code   | A. Grand Total<br>from<br>Previously<br>Approved       | B. Amount<br>Deleted   | C. Amount<br>Added                               | D. New Gran<br>Total         |
|   |   | Budget   |  |  |                              |
| 1 Payroll Costs   | 6100  | Budget   |  |  | \$ -                         |
| 1 Payroll Costs<br>2 Professional and Contracted Services   | 6100<br>6200  | Budget   |  |  | \$ -<br>\$ -                 |
|   |   | Budget   |  |  |                              |
| 2 Professional and Contracted Services  | 6200  | Budget   |  |  | \$-                          |
| <ul> <li>2 Professional and Contracted Services</li> <li>3 Supplies and Materials</li> <li>4 Other Operating Costs</li> <li>5 Capital Outlay</li> </ul>                 | 6200<br>6300  | Budget   |  |  | \$ -<br>\$ -                 |
| <ul> <li>2 Professional and Contracted Services</li> <li>3 Supplies and Materials</li> <li>4 Other Operating Costs</li> <li>5 Capital Outlay</li> </ul>                 | 6200<br>6300<br>6400  |  | \$ -   | \$ -   | \$ -<br>\$ -<br>\$ -         |
| <ul> <li>2 Professional and Contracted Services</li> <li>3 Supplies and Materials</li> <li>4 Other Operating Costs</li> <li>5 Capital Outlay</li> <li>6 Tota</li> </ul> | 6200<br>6300<br>6400<br>6600  | \$ -   | \$ -   | \$ -   | \$ -<br>\$ -<br>\$ -<br>\$ - |

By TEA staff person:

Via telephone/fax/email (circle as appropriate)

## Instructions: Request for Amendme

After the original application is approved and the grantee has received the Notic need to make changes to the budget or the planned program. Most grantees are budget or program without notifying or getting approval from TEA. (Some grante from TEA for all changes to their budget or programs.) In other cases, however, t notice to TEA of the desire or intent to change the budget or program.

Refer to the Amendment Submission Guidance section of the Administering a Gr titled "When to Amend the Application" provides details on which grantees are and when amendments are required. Also refer to the General and Fiscal Guideli detailed information about amendments.

Regardless of how a grantee amends the application to distribute funds among t responsible for carrying out the scope and objectives of the grant as described ir

TEA reserves the right to reject unnecessary amendments without

### Submitting an Amendment

An amendment must be submitted when the program plan or budget is altered 1 Amend the Application" guidance posted in the Amendment Submission Guidan of the TEA website.

#### How to Submit an Amendment

An amendment may only be submitted by email to loiapplications@tea.texas.go

## Pages to Include with an Amendme

Required for <u>all</u> amendment request

- 1. Page one of the application with an updated signature and date
- 2. Appendix I of the applciation: Negotiation and Amendments

Required for budget amendment reque

- 3. Request for Amendment excel page
- 4. Program Budget Summary
- 5. Supporting budget pages

#### Assembling the Amendment

Follow these steps to complete all schedules required to be submitted:

1. Complete page 1

a. Complete the box in the upper right corner of the schedule by indi first amendment you submit for the grant is #1; if that amendment is #2.

b. Ensure all applicant information is current and correct.

c. Ensure the authorized official information is current and correct. TI the date that the amendment is being submitted.

2. Complete Appendix 1: Negotiation and Amendments

a. Choose the section you wish to amend from the drop down menu

b. Describe the changes you are making and the reason for the changenergotiated or amended application. If you are requesting a revised b with your amendment.

(example) Payroll 6300 — Reduce amount for extra-duty pay—Staff w working hours.

3. If you are requesting a budget change, complete the Request for Amendment

a. In column A, enter the grand total for each class/object code in the amendment.

b. In column B, enter the amount being deleted from each class/obje

c. In column C, enter the amount being added to each class/object cc

d. Column D and the total direct cost line will automatically calculate

4. If you are requesting a budget change, complete the Program Budget Summar budget page. For each class/object code on the budget summary, strike through the new budgeted amounts. The total budgeted cost for each class/object code grand total for each supporting budget page.

5. Do not resubmit any attachments required in the original application.

e of Grant Award (NOGA), the grantee may permitted to make some changes to the ses are required to notify and get approval the grantee is required to submit formal

<sup>-</sup>ant page of the TEA website. The guidance and are not required to submit amendments ines, Amending the Application, for more

the class/object codes, the grantee is still the approved application.

reviewing and approving them.

for the reasons described in the "When to ce section of the Administering a Grant page

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ests:

cating the number of the amendment. The ; approved, the next amendment becomes

he authorized official must sign and date with

ges. Always work with the most recent udget, please include the budget attachments

vas able to complete training during regular

budget page

e most recently approved application or

ct code.

ode.

your changes

ry page and the corresponsding supporting the previously approved amount and enter on the budget summary must match the