



**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**

NOGA ID

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 be submitted via email to [loiapplications@tea.texas.gov](mailto: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, July 21, 2020**.

Grant period from **August 4, 2020- August 31, 2021**

Pre-award costs permitted from **Not Applicable**

**Required Attachments**

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  CDN  Campus  ESC  DUNS   
Address  City  ZIP  Vendor ID   
Primary Contact  Email  Phone   
Secondary Contact  Email  Phone

**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  
☒ General and application-specific Provisions and Assurances ☒ Lobbying Certification

Authorized Official Name  Title   
Email  Phone   
Signature  Date



**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.
- ☒ 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.
- ☒ 5. Training sessions will be provided for school officials related to responding to related mental health crises that may precipitate violent attacks on school grounds.
- ☒ 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.
- ☒ 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.
- ☒ 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.

**Statutory/Program Assurances (Cont.)**

- ☒ 10. Grantees must conduct a school climate survey (pre/post program).
- ☒ 11. Grantees must provide a dedicated person to coordinate the work.
- ☒ 12. Grantees must include Positive School Climate training such as classroom management.
- ☒ 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.

Mental disorders are more common than heart disease and cancer combined. However, for too long, mental illnesses and substance use have been treated as separate and tangential to our overall health and well-being. Because of this, accessing mental health services is not as simple as making an appointment with your family doctor. We have seen an increase in the number of students in the district who have displayed diagnosed and undiagnosed mental issues. The student population in Angleton ISD consists of 62% low socioeconomic families. They can't afford to pay for counseling and therapy for their kids. It's up to us to provide the help they need and ensure the best conditions are in place for them to be emotionally, socially and mentally well.

Having an easily accessible program in the district will allow us to accommodate more students and their families.

Our mission is to promote optimal mental health through advocacy, education and support. We are committed to the wellness of our students, their families, our staff and community. Our intent is to be proactive in addressing the mental health needs of our students, by utilizing our staff. Our specific needs include the appropriate training of all staff in our school district. This means training bus drivers, custodians, cafeteria staff, teachers, paraprofessionals, counselors, and administrators. Together, we can help stop school violence. Once we have the appropriate training, we will be able to identify behaviors that can lead to school violence. After these behaviors are identified, we can provide resources to help deal with the various health issues. The number of students and adults with mental and emotional issues have only increased during this time of the Covid-19 pandemic. Some families have gone through some traumatic experiences over the last several months. In order to be able to provide the services these individuals need, we need well-trained individuals that have the expertise to deal with the multiple issues facing our people. If we are able to provide help in the early years, maybe we can mitigate violent behavior later on. Our counselors work extremely hard to provide for our students' needs, but do not have the tools to deal with mental issues they do not understand. This training will allow them to feel more comfortable working with our students with mental, emotional and social issues.

The training we have planned will assist teacher in looking beyond the behavior. Research has shown that traumatic experiences alter the brain and can affect children socially, emotionally, behaviorally and academically.



**Goals, Objectives, and Strategies**

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

Our goal is to have all staff trained in mental health and trauma awareness. We want to implement staff and student Mental Health First Aid and to have all school counselors and social workers trained as Trauma and/or Crisis counselors. Our objectives are to:

Deliver a wide variety of programs and services to support individuals and families impacted by mental illness in ways that help them move towards recovery.

Assist people with mental illness in leading more productive and autonomous lives

Equip our staff with the tools necessary to be able to recognize those students who are having mental issues and not just displaying inappropriate behavior.

Staff will receive on-going training so as to maintain up-to-date skills in the treatment interventions that have been shown effective in promoting the recovery of our students and their families

Educate the public about mental health and mental illness working to eliminate stigma, labels and prejudice.

Change lives by giving the students the needed help and building relationships with them..

Provide information and referral services to navigate the complex delivery system that can impede access to mental health services.

Provide a list of community and local resources that are available to help our students and their families.

Ensure that our staff understand the effects of trauma on a students behavior and how to respond.

Promote mental health and well-being for all individuals through education and 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.

Mental health problems affect every aspect of a child's life, including their academic performance. Students with mental health issues may miss school due to feelings of anxiety, fear, hopelessness or other symptoms related to mental problems. Parents, teachers and students need a solution to an epidemic that affects children all over the country. Children need hope, and schools need to be able to recognize the importance of addressing mental health issues, both for academic purposes and to help students realize a brighter future.

Each year our school district administrators and counselors will complete the Comprehensive Threat Assessments for students who have warning signs that may lead to school violence. We also complete suicide risk assessments for students who express suicidal ideations. We can compare the number of assessments each year to measure the effectiveness of our program. By monitoring attendance, behavior referrals, the number of risk/threat assessments completed and student performance, we can evaluate the progress of students to determine if changes and additional training is needed.

Mental health outcome measures are used to monitor the quality and effectiveness of mental health service. We expect to see fewer students referred for therapeutic assistance, a decrease in inappropriate or disruptive behavior and higher attendance. To be useful, mental health outcome measures must be valid and reliable, sensitive to change, comparable across relevant student groups and service types, and meaningful to both students and staff. We will analyze the number of threat assessments completed, the number of referrals for suicidal ideations and the number of counselor visits.



**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.

Students with undiagnosed or untreated mental health issues rank among the most pressing concerns in schools across Angleton ISD, directly impacting student attendance, behavior, and readiness to learn. When students' mental health needs are not addressed, they are more likely to experience difficulties in school, including higher rates of suspensions, expulsions, dropouts, and truancy, as well as lower grades and test scores. For students with mental health needs, treatment is not always accessible or affordable. Utilizing these funds we will be able to train staff in detecting whether the behavior is just inappropriate behavior or if there could be an underlined problem associated with mental illness. We will contract with Region IV service centers well as local and community agents to assist us in implementing a quality mental health program that provides every opportunity for students to receive help. Any materials (handbooks, reading materials, etc) will be purchased as a document to refer back to when needed. We will choose staff members from various roles to be trained as a trainer of trainers. This will allow a cross section of staff to be utilized for helping to train in the district. We can ensure the training is ongoing and sustainable.

Our students and their families are not the only ones that may need help to deal with social and emotional issues. Many of are staff memebers are dealing with issues they have not shared with anyone due to the stigma atached. We will make sure we provide resources for them to utilize.

On line programs like Kognito will be used at the secondary level to afford teachers an opportunity to work at their own pace in completing the course. We also have access to Safe Schools on line that can be utilized by our staff. To keep abreast of new and revised information on mental health, trauma, child abuse, teen violence and domestic abuse, we will work closely with our local organization and utilize their videos approved by NAMI (National institute on Mental Health.) Because of COVID-19, we will begin the training on line and return to face to face when it is safe to do so.

**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.

Mental health training teaches staff about common mental health conditions. Done well, it reduces the stigma surrounding mental health issues and teaches people to spot warning signs for complex mental health issues, such as cyberbullying, trauma, PTSD, and depression/anxiety. We will start with training our social workers and LPC, who already have some training in this area. Once this training is complete, these individuals will meet with staff during faculty meeting to give an overview of the types of training staff members will receive and a tentative timeline. They will be made aware of why this type of training is necessary especially with the long term affects of COVID-19 issues. Staff will be trained on suicide intervention and prevention, signs of addiction to tobacco, alcohol, illicit drugs and prescription opioids. They must understand that left unchecked, these problems could lead student to violence against others and themselves. This is where online programs like Kognito will be valuable to our secondary staff. It is indept and self-paced. First Aid traning for trauma or crisis will be presented during the first semester.

The best mental health training program for our staff is one that:

Fits the needs of our students and staff

Is delivered in a way that staff can easily access it to apply during the course of their workday

Allows us to meet any regulatory or licensing requirements for our school

Teachers will receive a syllabus detailing the training for the 2020-2021 school year. As the school year progress, the social workers and the LPC will work with individuals staff at our student alternative campus. These are our most at-risk population. Training the staff and providing individual assistance and follow up will afford them the opportunity to give these students a support system at school.



**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.

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

|       |  |         |  |
|-------|--|---------|--|
| 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.
- ☐ The LEA assures the appropriate Affirmations of Consultation will be provided to TEA's PNP Ombudsman in the manner and time requested.

**5B: Equitable Services Calculation**

|   |  |
|---|--|
| 1. LEA's student enrollment   |  |
| 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) |  |
| <b>LEA's total required ESSA PNP equitable services reservation (line 7 times line 2)</b>       |  |



Appendix I: Amendment Description and Purpose (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

| Amended Section | Reason for Amendment |
|-----------------|----------------------|
|                 |                      |
|                 |                      |
|                 |                      |
|                 |                      |
|                 |                      |





**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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**Required Attachments**

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 **Angleton Independent School District** CDN **020902** Campus **District** ESC **4** DUNS **05489851**

Address **1900 N. Downing Road** City **Angleton** ZIP **77515** Vendor ID **1746000043**

Primary Contact **Kalean Bowie** Email **kbowie@angletonisd.net** Phone **9798648039**

Secondary Contact **Gwendolyn Franks-Carter** Email **gcarter@angletonisd.net** Phone **9798648001**

**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.

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☒ LOI application, guidelines, and instructions

☒ Debarment and Suspension Certification

☒ General and application-specific Provisions and Assurances

☒ Lobbying Certification

Authorized Official Name **Phil Edwards** Title **Superintendent**

Email **pedwards@angletonisd.net** Phone **9798648025**

Signature  Date **7-21-2020**



**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)**

|   |   |   |                              |                   |  |
|---|---|---|------------------------------|-------------------|--|
| County District Number or Vendor ID:  |   | 020902  |                              |                   |  |
| <b>Payroll Costs (6100)</b>   |   |   |                              |                   |  |
| <b>Employee Position Title</b>  | <b>Estimated # of Positions 100% Grant Funded</b>           | <b>Estimated # of Positions Less than 100% Grant Funded</b> | <b>Grant Amount Budgeted</b> | <b>Cost Match</b> |  |
| <b>Academic/Instructional</b>   |   |   |                              |                   |  |
| 1 Teacher   |   |   | \$ -                         | \$ -              |  |
| 2 Educational Aide  |   |   | \$ -                         | \$ -              |  |
| 3 Tutor   |   |   | \$ -                         | \$ -              |  |
| <b>Program Management and Administration</b>  |   |   |                              |                   |  |
| 4 Project Director  |   |   | \$ -                         | \$ -              |  |
| 5 Project Coordinator   |   |   | \$ -                         | \$ -              |  |
| 6 Teacher Facilitator   |   |   | \$ -                         | \$ -              |  |
| 7 Teacher Supervisor  |   |   | \$ -                         | \$ -              |  |
| 8 Secretary/Admin Assistant   |   |   | \$ -                         | \$ -              |  |
| 9 Data Entry Clerk  |   |   | \$ -                         | \$ -              |  |
| 10 Grant Accountant/Bookkeeper  |   |   | \$ -                         | \$ -              |  |
| 11 Evaluator/Evaluation Specialist  |   |   | \$ -                         | \$ -              |  |
| <b>Auxiliary</b>  |   |   |                              |                   |  |
| 12 Counselor  |   |   | \$ -                         | \$ -              |  |
| 13 Social Worker  |   |   | \$ -                         | \$ -              |  |
| 14 Community Liaison/Parent Coordinator   |   |   | \$ -                         | \$ -              |  |
| <b>Education Service Center (to be completed by ESC only when ESC is the applicant)</b> |   |   |                              |                   |  |
| 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)   |   |   | \$ -                         | \$ -              |  |
| <b>Other Employee Positions</b>   |   |   |                              |                   |  |
| 21 (Enter position title here)  |   |   | \$ -                         | \$ -              |  |
| 22 (Enter position title here)  |   |   | \$ -                         | \$ -              |  |
| 23  | <b>Subtotal Employee Costs:</b>                             |   | \$ -                         | \$ -              |  |
| <b>Substitute, Extra-Duty Pay, Benefits Costs</b>                                       |   |   |                              |                   |  |
| 24 6112 - Substitute Pay  |   |   | \$ -                         | \$ -              |  |
| 25 6119 - Professional Staff Extra-Duty Pay   |   |   | \$ -                         | \$ -              |  |
| 26 6121 - Support Staff Extra-Duty Pay  |   |   | \$ -                         | \$ -              |  |
| 27 6140 - Employee Benefits   |   |   | \$ -                         | \$ -              |  |
| 28 61XX - Tuition Remission (IHEs only)   |   |   | \$ -                         | \$ -              |  |
| 29  | <b>Subtotal Substitute, Extra-Duty Pay, Benefits Costs:</b> |   | \$ -                         | \$ -              |  |
| 30  | <b>Grand Total:</b>   |   | \$ -                         | \$ -              |  |
| 31  | <b>Total Program Costs*:</b>                                |   | \$ -                         |                   |  |
| 32  | <b>Total Direct Admin Costs*:</b>                           |   | \$ -                         |                   |  |

\*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.](#)

|  |                      |
|--|----------------------|
| <b>FOR TEA USE ONLY</b>                          |                      |
| Changes on this page have been confirmed with:   | On this date:        |
| Via telephone/fax/email (circle as appropriate): | By TEA staff person: |



|                                      |        |   |
|--------------------------------------|--------|---|
| County District Number or Vendor ID: | 020902 | 0 |
|--------------------------------------|--------|---|

**Professional and Contracted Services (6200)**

**NOTE:** Specifying an individual vendor in a grant application does not meet the applicable requirements for sole-source providers. TEA's approval of such grant applications does not constitute approval of a sole-source provider. Please provide a brief description for the service and purpose.

| Description of Service and Purpose |  | Grant Amount Budgeted | Cost Match |
|------------------------------------|--|-----------------------|------------|
| 1                                  | 6269 - Rental or lease of buildings, space in buildings, or land<br>Specify purpose:         | \$ -                  | \$ -       |
| 2                                  | Service:<br>Specify purpose:   | \$ -                  | \$ -       |
| 3                                  | Service:<br>Specify purpose:   | \$ -                  | \$ -       |
| 4                                  | Service:<br>Specify purpose:   | \$ -                  | \$ -       |
| 5                                  | Service:<br>Specify purpose:   | \$ -                  | \$ -       |
| 6                                  | Service:<br>Specify purpose:   | \$ -                  | \$ -       |
| 7                                  | Service:<br>Specify purpose:   | \$ -                  | \$ -       |
| 8                                  | Service:<br>Specify purpose:   | \$ -                  | \$ -       |
| 9                                  | Subtotal of professional and contracted services requiring specific approval:                | \$ -                  | \$ -       |
| 10                                 | Remaining 6200 - Professional and contracted services that do not require specific approval. | \$ 19,000             | \$ -       |
| 11                                 | Grand Total:   | \$ 19,000             | \$ -       |
| 12                                 | Total Program Costs*:  | \$ 19,000             |            |
| 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) |  |



|                                      |  |                       |       |            |
|--------------------------------------|--|-----------------------|-------|------------|
| County District Number or Vendor ID: |  | 020902                | 0     |            |
| Supplies and Materials (6300)        |  |                       |       |            |
| Expense Item Description             |  | Grant Amount Budgeted |       | Cost Match |
| 1                                    | Remaining 6300 - Supplies and materials that do not require specific approval: | \$                    | 4,000 | \$ -       |
| 2                                    | Grand Total:   | \$                    | 4,000 | \$ -       |
| 3                                    | Total Program Costs*:  | \$                    | 4,000 |            |
| 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):



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)

|   |                                       |                 |                  |                              |                   |
|---|---------------------------------------|-----------------|------------------|------------------------------|-------------------|
| County District Number or Vendor ID:  |                                       | 020902          | 0                |                              |                   |
| <b>Capital Outlay (6600)</b>  |                                       |                 |                  |                              |                   |
| <b>Description and Purpose</b>  |                                       | <b>Quantity</b> | <b>Unit Cost</b> | <b>Grant Amount Budgeted</b> | <b>Cost Match</b> |
| <b>6669 - Library Books and Media (capitalized and controlled by library)</b>   |                                       |                 |                  |                              |                   |
| 1   |                                       | N/A             | N/A              | \$ -                         |                   |
| <b>66XX - Computing Devices, capitalized</b>  |                                       |                 |                  |                              |                   |
| 2   | (Enter description and brief purpose) |                 |                  | \$ -                         |                   |
| 3   |                                       |                 |                  | \$ -                         |                   |
| 4   |                                       |                 |                  | \$ -                         |                   |
| 5   |                                       |                 |                  | \$ -                         |                   |
| 6   |                                       |                 |                  | \$ -                         |                   |
| 7   |                                       |                 |                  | \$ -                         |                   |
| 8   |                                       |                 |                  | \$ -                         |                   |
| 9   |                                       |                 |                  | \$ -                         |                   |
| <b>66XX - Software, capitalized</b>   |                                       |                 |                  |                              |                   |
| 10  | (Enter description and brief purpose) |                 |                  | \$ -                         |                   |
| 11  |                                       |                 |                  | \$ -                         |                   |
| 12  |                                       |                 |                  | \$ -                         |                   |
| <b>66XX - Equipment, furniture, or vehicles</b>   |                                       |                 |                  |                              |                   |
| 13  | (Enter description and brief purpose) |                 |                  | \$ -                         |                   |
| 14  |                                       |                 |                  | \$ -                         |                   |
| 15  |                                       |                 |                  | \$ -                         |                   |
| <b>66XX - Capital expenditures for additions, improvements, or modifications to capital assets that materially increase their value or useful life (not ordinary repairs and maintenance)</b> |                                       |                 |                  |                              |                   |
| 16  | (Enter description and brief purpose) |                 |                  | \$ -                         |                   |
| 17  | Grand Total (sum of all lines):       |                 |                  | \$ -                         | \$ -              |
| 18  | Total Program 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.

|   |                      |
|---|----------------------|
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|   |   |  |              |   |                     |                 |
|---|---|--|--------------|---|---------------------|-----------------|
| County District Number or vendor ID:          |   | 020902   |              | 0                                       |                     |                 |
| Grant Period:                                 | August 4, 2020 to August 31, 2021                         |  |              | Fund Code/ Shared Services Arrangement: | 289/379             |                 |
| <b>Budget Summary</b>                         |   |  |              |   |                     |                 |
| Description and Purpose                       |   | Source of Funds  |              |   |                     |                 |
|   |   | Class/ Object Code   | Program Cost | Direct Administrative Cost              | Total Budgeted Cost | Cost Match Cost |
| 1   | Payroll Costs   | 6100   | \$ -         | \$ -                                    | \$ -                | \$ -            |
| 2   | Professional and Contracted Services                      | 6200   | \$ 19,000    | \$ -                                    | \$ 19,000           | \$ -            |
| 3   | Supplies and Materials                                    | 6300   | \$ 4,000     | \$ -                                    | \$ 4,000            | \$ -            |
| 4   | Other Operating Costs                                     | 6400   | \$ -         | \$ -                                    | \$ -                | \$ -            |
| 5   | Capital Outlay  | 6600   | \$ -         | \$ -                                    | \$ -                | \$ -            |
| 6   | <b>Total Direct Costs:</b>                                |  | \$ 23,000    | \$ -                                    | \$ 23,000           | \$ -            |
| 7   | <b>*Indirect Costs:</b>                                   |  |              |   | \$ 2,000            |                 |
| 8   | <b>Total of All Budgeted Costs :</b>                      |  | \$ 23,000    | \$ -                                    | \$ 25,000           | \$ -            |
| <b>Shared Services Arrangement</b>            |   |  |              |   |                     |                 |
| 9   | 6493  | Of the Total of All Budgeted Costs, how much will be passed to member districts of SSAs? | \$ -         | \$ -                                    | \$ -                |                 |
| <b>Direct Administrative Cost Calculation</b> |   |  |              |   |                     |                 |
| 10  | Total of All Budgeted Costs (from line 8):                |  |              |   | \$ 25,000           |                 |
| 11  | Direct Administration Cap per Program Guidelines (8%)     |  |              |   | 0.08                |                 |
| 12  | Maximum amount allowable for Direct Administrative costs: |  |              |   | \$ 2,000            |                 |

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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.

|   |                      |
|---|----------------------|
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