

| Texas Education Agency | | | | | | | | |
|--|--|--|--------------------------------------|--|------------------------|-------------------------|---------------------------|------------------------------|
| Authorizing legislation | | ESEA, as a | amended | l by P.L. 114-95 | , ESSA Ti | tle II, Par | t A | |
| TEA will only acc competitive grant ap | cept grant applicat plications and ame amendment | ndments. S | ubmit gr | | | Applic | ation stamp-ir | date and time |
| Compe | titive grant applica <u>competitivegran</u> | | | ents to | | | | |
| Grant period from | March 9, 20 | 21 - Septem | ber 30, 2 | 2022 | | | | |
| X Pre-award costs are | not permitted. | | | | | | | |
| Required Attachmen | its | | | | | | | |
| Refer to the Program Gu | uidelines for a descrip | tion of all rec | uired atta | chments. | | | | |
| Amendment Numbe | r | | | | | | | |
| Amendment number (F | For amendments only | y; enter N/A | when cor | npleting this for | m to appl | ly for grar | nt funds): | |
| Applicant Informatic | on | | | | | | | |
| Organization | | CD | N | Vendor ID | | ES | | ١S |
| Address | | | City | | ZIP | | Phone | |
| Primary Contact | | Email | | | | | Phone | |
| Secondary Contact | | Email | | | | | Phone | |
| Certification and Inc | orporation | | | | | | | |
| I understand that this ap binding agreement. I he and that the organizatic binding contractual agr compliance with all app | ereby certify that the on named above has eement. I certify that | information authorized n any ensuing | containe ne as its r I program | d in this applicat epresentative to and activity wil | ion is, to obligate | the best c this orga | of my knov nization in | vledge, correct a legally |

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

| Grant application, guidelines, and instructions | Debarment and Suspension Certification |
|---|--|
| General Provisions and Assurances | Lobbying Certification |

- Application-specific Provisions and Assurances

- ESSA Provisions and Assurances requirements

| Authorized Official Name | Title | | | | |
|--|---|--|--|--|--|
| Email | Phone | | | | |
| Signature | Date | | | | |
| Grant Writer Name | Signature Natalia De Jong Date | | | | |
| ○ Grant writer is an employee of the applicant organization. | ○ Grant writer is not an employee of the applicant organization. | | | | |
| For TEA Use Only: Adjustments on this page have been confirmed with by of TEA by phone / fax / email on | | | | | |
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Vendor ID

SSAs are **not permitted** for this grant.

Identify/Address Needs

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

| Quantifiable Need | Plan for Addressing Need |
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SMART Goal

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

Measurable Progress

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

First-Quarter Benchmark

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| Measurable Progress (Cont.) | |
| Second-Quarter Benchmark | |
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| Third-Quarter Benchmark | |
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Project Evaluation and Modification

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

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2021-2022 Principal Residency Grant Program, Cycle 4

_____ by _____ of TEA by phone / fax / email on _

| Statutory/Program Assurances |
|--|
| The following assurances apply to this grant program. In order to meet the requirements of the grant, the grantee must |
| comply with these assurances. |
| Check each of the following boxes to indicate your compliance. The applicant provides assurance that program funds will supplement (increase the level of service), and not supplant (replace) state mandates, State Board of Education rules, and activities previously conducted with state or local funds. The applicant provides assurance that state or local funds may not be decreased or diverted for other purposes merely because of the availability of these funds. The applicant provides assurance that program services and activities to be funded from this grant will be supplementary to existing services and activities and will not be used for any services or activities required by state law, State Board of Education rules, or local policy. |
| \square 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. |
| The applicant provides assurance to adhere to all Statutory Requirements and TEA Program Requirements as noted in the 2021-2022 Principal Preparation Grant Program, Cycle 4 Program Guidelines. |
| The applicant provides assurance to adhere to all Performance Measures, as noted in the 2021-2022 Principal Residency Grant Program, Cycle 4 Program Guidelines, and shall provide the Texas Education Agency, upon request, any performance data necessary to assess the success of the program. |
| The applicant provides assurance that it will attend and/or present at any symposiums, meetings or webinars at the request of the Texas Education Agency. |
| The applicant assures that the principal preparation residency is full-time and at least 1-year in length. |
| The applicant assures that residents do not have significant classroom responsibilities. |
| \Box The applicant assures that residents do not hold a principal certification in the state of Texas. |
| \Box The applicant assures that resident will receive ongoing support from an effective mentor principal or school leader who ensures the resident is exposed to substantial leadership opportunities. |
| The applicant assures that all mentor principals and EPP representatives managing resident's on-site coaching will be present at TEA Principal Residency Summer Institute in June 2021. |
| The applicant assures that partner principal EPP provides residents with a full-time residency experience including certification; evidence-based coursework; opportunities to practice and be evaluated in a school setting; and consistent coaching and evaluation with a minimum of six sessions per year. |
| The applicant assures that Attachment 2: Principal Residency Grant Fidelity of Implementation Rubric for LEAs and Attachment 3: Principal Residency Grant Fidelity of Implementation Rubric for EPPs will be utilized to design and implement residency. |
| If preliminarily selected for award, LEA assures they will select their EPP per their compliant procurement policies and procedures and will develop an MOU with the EPP and submit it to principalresidency@tea.texas.gov for approval. |
| LEA assures it will choose from the list of approved EPP providers. An approved provider list is posted on the TEA Grant Opportunities page, with all documents pertaining to the RFA. |
| If preliminarily selected for award, LEA agrees that full grant award will not be released until TEA staff have concluded the negotiation process and verified that an approved EPP provider was selected and the MOU contains all the required elements listed on page 7 of 2021-2022 Principal Residency Grant Program, Cycle 4 Program Guidelines. |

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1. Provide a description of the targeted recruitment and selection process which utilizes demonstrated criteria including evidence of measurable student achievement, strong evaluations/appraisals, interpersonal leadership, effective response to observations and feedback, evidence of strategic problem solving, and growth mindset. LEA must also provide their plan for considering the degree to which the diversity of the residents mirrors that of the student population in their recruitment and selection strategy.

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| Statu | itory/Prog | gram Requ | uirements | | |
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2. Provide a description of the year-long, full-time residency, including sustained and rigorous clinical learning in an authentic school setting; substantial leadership responsibilities such as the ability to address and resolve a significant problem/challenge in the school that influences practice and student learning; the skills needed to establish and support effective and continuous professional development with assigned teaching staff; and the ability to facilitate stakeholders' efforts to build a collaborative team within the school to improve instructional practice, student achievement, and the school culture.

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| 3. Provide a c | description of Data-D | riven Instruction | systems currently in | nplemented at campus level and c | omplete the |
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| 4 Provide a (| description of Observ | vation and Feedh | ack systems current | ly implemented at campus level a | nd complete the |
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| | duership Reduiness A | ssessment. Obse | rvation and Feedbac | ck provided in Attachment 1. | |
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Amendment #

Vendor ID

CDN

| CDN Vendor ID | Amendment # |
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| Equitable Access and Participation | |
| | whether any barriers exist to equitable access and participation for any groups |
| that receive services funded by this grant. | oviet to aquitable access and participation for any groups resolving convises |
| of funded by this grant. | exist to equitable access and participation for any groups receiving services |
| Barriers exist to equitable access and p | participation for the following groups receiving services funded by this grant, as |
| described below. | |
| Group | Barrier |
| PNP Equitable Services | |
| Are any private nonprofit schools located with | thin 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 | ng in the grant? |
| ⊖Yes ⊖No | |
| If you answered "No" to the preceding question | , stop here. You have completed the section. Proceed to the next page. |
| 5A: Assurances | |
| | onsultation requirements as listed in Section 1117(b)(1) and/or |
| | all eligible private nonprofit schools located within the LEA's boundaries. |
| The LEA assures the appropriate Affirr manner and time requested. | nations of Consultation will be provided to TEA's PNP Ombudsman in the |
| 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 grant allocation
- 5. LEA reservation for direct administrative costs, not to exceed the grant'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)

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| Requ | est for Grant Fund | S | | |
| | Matcheo | d amount (numbe | er of principal residents participating in program x \$15,000) | |

Number of principal residents participating in the 2021-2022 Principal Residency Grant Program

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

PAYROLL COSTS (6100)

BUDGET

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PROFESSIONAL AND CONTRACTED SERVICES (6200)

SUPPLIES AND MATERIALS (6300)

OTHER OPERATING COSTS (6400)

| Total Direct Costs |
|--------------------|
| Indirect Costs |

TOTAL BUDGET REQUEST (Direct Costs + Indirect Costs)

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| Appendix I: Negotiation and Amendme | nts (leave this section blank when completing the initial application for funding) |
| Amend the Application" document posted of faxed (not both). To fax: one copy of all see completed and signed page 1, to either (51) the amendment (including budget attachme | e program plan or budget is altered for the reasons described in the "When to n the <u>Administering a Grant</u> page of the TEA website and may be mailed OR ctions pertinent to the amendment (including budget attachments), along with a 2) 463-9811 or (512) 463-9564. To mail: three copies of all sections pertinent to nts), along with a completed and signed page 1, to the address on page 1. be found on the last page of the budget template. You may duplicate this page |
| <u>Negotiated/Amended Section</u> For amendments: Choose the section you wish to amend from the drop down menu. | <u>Negotiated Change/Amendment</u> For amendments: Describe the changes you are making and the reason for them. Always work with the most recent negotiated or amended application. If you are requesting a revised budget, please include the budget attachments with your amendment. |
| FOR TEA USE ONLY Changes confirmed with on this date Via phone/fax/email by TEA staff person | |
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