

2021-2022 PRINCIPAL RESIDENCY GRANT PROGRAM, CYCLE 4 COMPETITIVE GRANT Application Due 11:59 p.m. CT, October 22, 2020

Texas Education Agency ® N	IOGA ID									
Authorizing legislation	ESEA, as amended by P.L. 114-95, ESSA Title II, Part A									
TEA will only accept competitive grant applic	pt grant application cations and amendn amendments as	nents. Sul	•	-	•	A	pplicatio	n stam	ip-in dat	e and time
•	ive grant applicatior competitivegrants@									
Grant period from	March 9, 2021 -	Septemb	er 30, 2022							
X Pre-award costs are no	t permitted.									
<b>Required Attachments</b>										
Refer to the Program Guide	elines for a description	of all requi	ired attachmen	ts.						
Amendment Number										
Amendment number (For	amendments only; en	iter N/A w	hen completin	g this for	rm to ap	ply for g	grant f	unds	,): [	
<b>Applicant Information</b>										
Organization		CDN	Ver	ndor ID			ESC[		DUNS	
Address			City		ZIP [		P	hone	:	
Primary Contact		Email					P	hone	:	
Secondary Contact		Email					P	hone	!	
Certification and Incorp	poration									
I understand that this application is binding agreement. I herek and that the organization is binding contractual agreement agreement and that the certify my accepta and that these documents   Grant application, guideness General Provisions and	by certify that the info named above has auth ment. I certify that any able federal and state ance of the requiremer are incorporated by re delines, and instructio d Assurances	rmation conorized meaning place in the convey efference and reading place in the convey efference and reading and reading place in the convey efference and reading place in the convey effect in the	ontained in thise as its represer program and accepulations. red in the follows s part of the gr	s applica ntative to ctivity wi wing por	tion is, to obligate the corrections of ication and Suspe	o the be te this o nducted the grai and Noti nsion Ce	rganiz in acc int app ice of	my kr zatior corda olicati Grant	nowled in a lance ar ion, as t Awar	dge, correct egally nd applicable,
Application-specific Pi	rovisions and Assuran	ces ———	☐ ESSA F	Provision	is and A	ssurance	es req	uirem	nents	
Authorized Official Name				Title						
Email					Phone					
Signature						Date				
Grant Writer Name			Signature						Date	
Grant writer <b>is</b> an employ	yee of the applicant orc	janization.	Grant w	riter is <b>nc</b>	<b>t</b> an em	ployee c	of the a	applic	ant or	ganization.

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701-20-128/276-21 RFA/SAS#

2021-2022 Principal Residency Grant Program, Cycle 4

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CDN Vendor ID	Amendment #
Shared Services Arrangements	
SSAs are <b>not permitted</b> for this grant.	
A solve not permitted for this grant.	
dentify/Address Needs	
	ed in your needs assessment, that these program funds will address. Describe
our plan for addressing each need.  Quantifiable Need	Dian fau Addressing Nood
Quantinable Need	Plan for Addressing Need
SMART Goal	
Describe the summative SMART goal you hav	re identified for this program (a goal that is Specific, Measurable, Achievable, and outcome or consistent with the purpose of the grant.
• • • • • • • • • • • • • • • • • • •	
Measurable Progress	
dentify the benchmarks that you will use at the process and implementation goals defined for	ne end of the first three grant quarters to measure progress toward meeting the rather than the grant.
First-Quarter Benchmark	
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CDN		Vendor ID		Amendment #	
Mea	surable F	Progress (C	iont.)		
Seco	nd-Quarte	er Benchma	rk		
Thir	d-Quarter	Benchmark			
Duoi	ost Evolu	ation and	Modification		
			Modification	n data to determine when and how to modify your program. If your	
				o not show progress, describe how you will use evaluation data to modify you	r
		ıstainability.			
For Adius	ΓEA Use O	nly:	ve been confirmed	with by of TEA by phone / fax / email on	
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CDN		Vendor ID			]					Amend	ment #	
Statu	itory/P	rogram Ass	urance	5								
The fo	ollowing	assurances a these assuran	pply to		program. Ir	order to n	eet the requ	uirements of	the grant, tl	he grante	e must	
Check	each o	f the followin	g boxes	to indicat	e your com	pliance.						
(re ap be fui	place) s plicant cause o nded fro	ant provides atte mandate provides assu f the availabil om this grant vequired by sta	s, State I rance th ity of the will be so	Board of E at state o ese funds upplemer	Education rur I local funds The applicantary to exis	iles, and ac s may not b ant provide ting service	ivities previon e decreased s assurance t s and activit	ously condu or diverted that prograr ies and will	cted with sta for other pu n services ar	ate or loc rposes m nd activiti	al funds erely es to be	s. The
		ant provides ucational Righ							that would	be protec	ted by	the
□ Th	e applio 21-2022	ant provides 2 Principal Pre	assurano paratior	ce to adhe Grant Pr	ere to all Sta ogram, Cycl	tutory Req e 4 Prograr	uirements ar n Guidelines	nd TEA Prog i.	ram Require	ments as	noted ii	n the
☐ Gr	ant Pro	ant provides gram, Cycle 4 nce data nece	Program	Guidelin	es, and shal	l provide th	e Texas Edu			•		าсу
		ant provides the Texas Edu			will attend a	nd/or prese	ent at any sy	mposiums, ı	meetings or	webinars	at the	
☐ Th	The applicant assures that the principal preparation residency is full-time and at least 1-year in length.											
☐ Th	e applio	ant assures th	nat resid	ents do n	ot have sigr	nificant clas	sroom respo	nsibilities.				
☐ Th	e applic	ant assures th	nat resid	ents do n	ot hold a pri	incipal cert	fication in th	ne state of T	exas.			
		ant assures the resident is e						ective ment	or principal o	or school	leader v	who
		ant assures th TEA Principal						naging resid	lent's on-site	coaching	g will be	ž
<u></u> се	rtificatio	ant assures the on; evidence-band evaluatio	pased co	ursework	; opportuni	ties to prac	ice and be e				_	ent
☐ At		ant assures that ant 3: <i>Principal</i>			•	•	•	•				nent
☐ an		arily selected edures and w				•		•	•		•	
LE	A assu	res it will cho				•		approved p	rovider list i	s posted	on the	TEA
ne ne	gotiatio	arily selected In process and Isted on page	d verified	that an a	approved EF	PP provider	was selected	d and the M	OU contains	all the re		d the
	<b>EA Use</b> tments c	Only: on this page ha	ve been	confirmed	with	by _		of TEA by	phone / fax /	email on _		
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CDN	Vendor ID			Amendment	#
Statutory	/Program Requiremer	nts			
	•				
evidence observation for consid	of measurable student acl ons and feedback, evidend	nievement, strong eval ce of strategic problem	uations/appraisals, solving, and growt	ich utilizes demonstrated criteria includ interpersonal leadership, effective respo h mindset. LEA must also provide their of the student population in their recru	onse to plan
For TEA U	se Only: ts on this page have been co	onfirmed with	by	of TEA by phone / fax / email on	

CDN	Vendor ID	Amendment #
Statutory/Pi	ogram Requirements	
authentic sch problem/cha effective and	ool setting; substantial leader llenge in the school that influe continuous professional deve d a collaborative team within	ill-time residency, including sustained and rigorous clinical learning in an ship responsibilities such as the ability to address and resolve a significant ences practice and student learning; the skills needed to establish and support elopment with assigned teaching staff; and the ability to facilitate stakeholders' the school to improve instructional practice, student achievement, and the
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CDN	Vendor ID		Amer	ndment #
Statutory/	Program Requirer	ments (Cor	nt.)	
			ruction systems currently implemented at campus level and comple: Data-Driven Instruction provided in Attachment 1.	ete the
4 Provide a	description of Obse	rvation and	Feedback systems currently implemented at campus level and co	 mnlete the
			t: Observation and Feedback provided in Attachment 1.	inpiete the
ETEA !!	Only			
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CDN Vendor ID		Amendment #
<b>Equitable Access and Participation</b>		
that receive services funded by this gran The applicant assures that no bar funded by this grant.	nt. riers exist to equit	barriers exist to equitable access and participation for any group table access and participation for any groups receiving services for the following groups receiving services funded by this grant, as
described below.		
Group	Barrier	
PNP Equitable Services		
Are any private nonprofit schools locate	d within the appl	icant's boundaries?
○Yes ○No		
If you answered "No" to the preceding que Are any private nonprofit schools partic		ou have completed the section. Proceed to the next page. nt?
○ Yes ○ No		
	stion, stop here. Yo	ou have completed the section. Proceed to the next page.
$\square$ Section 8501(c)(1), as applicable,	with all eligible p	equirements as listed in Section 1117(b)(1) and/or rivate nonprofit schools located within the LEA's boundaries. onsultation 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 partic	pating PNPs (line	1 plus line 2)
4. Total current-year grant allocation		
5. LEA reservation for direct administrat	ive costs, not to e	xceed the grant's defined limit
6. Total LEA amount for provision of ESS	A PNP equitable	services (line 4 minus line 5)
7. Per-pupil LEA amount for provision o	f ESSA PNP equita	ble services (line 6 divided by line 3)
LEA's total re	quired ESSA PNF	equitable services reservation (line 7 times line 2)
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CDN	Vendor ID		Amendment #
Request f	or Grant Funds		
	Matched amou	nt (number of principal residents participating in program x \$15,0	000)
Nu	mber of principal resider	nts participating in the 2021-2022 Principal Residency Grant Prog	ram
Group si	milar activities and costs to	activities for which you are requesting grant funds. Include the amounts ogether under the appropriate heading. During negotiation, you will be anned expenditures on a separate attachment provided by TEA.	
			¬
PROFE	SSIONAL AND CONTRA	ACTED SERVICES (6200)	
SUPPLI	ES AND MATERIALS (6:	300)	
OTHER	OPERATING COSTS (64	00)	
		Total Direct Cos	ts
		<u>Indirect Cos</u>	ts
		TOTAL BUDGET REQUEST (Direct Costs + Indirect Costs	)
For TEA U Adjustment		confirmed with by of TEA by phone / f	ax / email on
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CDN		Vendor ID			Amendme	ent #					
Appe	endix I: I	Negotiation	and Ar	mendment	ts (leave this section blank when completing the initial application for f	unding)					
Amer faxed comp the a	In amendment must be submitted when the program plan or budget is altered for the reasons described in the "When to mend the Application" document posted on the Administering a Grant page of the TEA website and may be mailed OR axed (not both). <b>To fax:</b> one copy of all sections pertinent to the amendment (including budget attachments), along with a completed and signed page 1, to either (512) 463-9811 or (512) 463-9564. <b>To mail:</b> three copies of all sections pertinent to be amendment (including budget attachments), along with a completed and signed page 1, to the address on page 1. Hore detailed amendment instructions can be found on the last page of the budget template.  You may duplicate this page										
					You may duplicate this page						
For	amendn	I/Amended S nents: Choose nd from the d	the sect		Negotiated Change/Amendment  For amendments: Describe the changes you are making and the rease them. Always work with the most recent negotiated or amended app you are requesting a revised budget, please include the budget attac with your amendment.	lication. If					
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Ch	nanges confi Via phone/f	FOR TEA USE rmed with ax/email by TEA s	on this da	te							
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