Letter of Interest (LC				n. CT, D	ecemb	er 7, 2020	
Texas Education Agency ® NOGA ID							
Authorizing legislation		ESS	A, Title II, P	art A			
This LOI application must be submitted via email to loia	applicatio	ons@tea.texas	i.gov.		A	pplication stamp-in	date and time
The LOI application may be signed with a digital ID or it are acceptable.	t may be si	igned by hand	. Both forms o	f signatur	e		
TEA must receive the application by 11:59 p.m. CT, Dec	cember 7,	, 2020.					
Grant period from March 1	1, 2021 -	July 31, 20	22		1.1.		
Pre-award costs permitted from Pre-Award costs	costs are	not permit	ted for this	grant.			
Required Attachments		The Land of the Land					
1. Excel workbook with the grant's budget sched	lules (link	red along wi	th this form	on the TI	EA Gran	ts Opportuniti	es page)
2. Refer to the Program Guidelines for required a						11.	5/
		·	·				y
Amendment Number							
Amendment number (For amendments only; en	nter N/A	when compl	eting this fo	rm to ap	ply for g	grant funds):	N/A
Applicant Information	September 1				ini in in		
Organization Jim Hogg County ISD	CI	ON 124901	Campus	a man tanana manana pilangga pangga p	100 m / 24 m	ESC 1 DUN	S 100075209
Address PO Box 880		City Hebk	ronville	ZIP 7	8361	Vendor ID	74-6001073
Primary Contact Kish Russell	Email [kishrussell@	yahoo.com			Phone 21	0-289-3016
Secondary Contact Gina Garza	Email	gdgarza@jh	cisdpk12.org	}		Phone 36	1-527-3203
Certification and Incorporation				ar Katharas			
I understand that this application constitutes an	offer and	d, if accepted	by TEA or r	enegotia	ted to a	cceptance, wi	ll form a
binding agreement. I hereby certify that the info	rmation	contained in	this applica	tion is, t	the be	est of my know	ledge, correct
and that the organization named above has auth binding contractual agreement. I certify that any	norizea n rensuina	ne as its repr	esentative t	o obligat	e this o	rganization in	a legally
compliance with all applicable federal and state I	laws and	regulations	iu activity w	iii be cor	auctea	in accordance	and
I further certify my acceptance of the requiremer	nts conve	eyed in the fo	ollowing po	rtions of	the LOI	application, as	applicable,
and that these documents are incorporated by re	eference	as part of th					
☑ LOI application, guidelines, and instructions			⊠ Dek	arment	and Sus	pension Certif	ication
General and application-specific Provisions an	nd Assur	ances	X Lob	bying Ce	ertificati	on	
Authorized Official Name Dr. Susana P. Garza			Title	Superin	tendent		
Email spgarza@jhcisdøk12.org				Phone	361-52	7-3203	
Signature	3-				Date 1	2/07/2020	
RFA # 701-21-103 SAS # 506-21	202	1-2022 Tea	cher Leader	ship Cy	:le 2		Page 1 of 10

CDN Vendor ID	Amendment #
Shared Services Arrangements	
Shared services arrangements (SSAs) are	NOT PERMITTED for this grant.
Pathway Selection: Please select ONE	pathway.
☐ Pathway 1: Teachers as Instructional Lead	ders
☐ Pathway 2: National Board Candidacy Co	horts
☐ Pathway 3: Teacher Policy Fellowships	
_ , , , ,	
Statutory/Program Assurances	
	am. In order to meet the requirements of the program, the applicant must
(replace) state mandates, State Board of E applicant provides assurance that state o because of the availability of these funds.	program funds will supplement (increase the level of service), and not supplant Education rules, and activities previously conducted with state or local funds. The r local funds may not be decreased or diverted for other purposes merely. The applicant provides assurance that program services and activities to be ary to existing services and activities and will not be used for any services or
	the application does not contain any information that would be protected by the t (FERPA) from general release to the public.
3. The applicant provides assurance to ad 2021-2022 Teacher Leadership Cycle 2 Pr	here to all the Statutory and TEA Program requirements as noted in the rogram Guidelines.
	here to all the Performance Measures, as noted in the 2021-2022 Teacher and shall provide to TEA, upon request, any performance data necessary to assess
 5. The applicant provides assurance that the surances requirements. 	they accept and will comply with <u>Every Student Succeeds Act Provisions and</u>
6. The applicant agrees to all applicable of Cycle 2 Program Guidelines.	program-specific assurances as described in the 2021-2022 Teacher Leadership

CDN		Vendor ID		Amendment #
Sum	mary of F	Program		
Provi	de an over	rview of the	program to be im	nplemented with grant funds. Include the overall mission and specific needs of
the o	rganizatio	n. Describe	how the program	will address the mission and needs.
Oual	lification	s and Evne	erience for Key	Personnel
				rience for primary project personnel and any external consultants projected to
be in	volved in t	the impleme	entation and deliv	very of the program. Include whether the position is existing or proposed.
			lities of Position	Required Qualifications and Experience

CDN Vendor ID	Amendment #
Goals, Objectives, and Strate	gies
	yes of the proposed program. What activities/strategies will be implemented to meet those
Performance and Evaluation	
	res identified for this program which are related to student outcomes and are consistent Include the tools used to measure performance, as well as the processes that will be used ject objectives and strategies.

CDN	\\ \	Vendor ID		Amendment #
Bud	get Narrat	ive		
mate	erials, contra	acts, travel,	etc. If applicable	et the needs and goals of the program, including for staffing, supplies and , include a high-level snapshot of funds currently allocated to similar programs. justments will be made in the future to meet needs.

CDN		Vendor ID		Amendment #
Pro	gram R	equirements	,	
miri dive you rece	ors thaterse growill use ord of e	t of the studer up of teacher e related to re xcellence imp	nt population in y leaders represe cruitment and se proving student o	on: Consider the degree to which the diversity of your LEA's leadership our district. Describe the following: a) how you will recruit and select a ntative of the LEA's student population; b) research-based best practices election; c) how you will ensure teacher leaders have a demonstrated track outcomes, exhibit strong interpersonal skills and leadership potential, and adership model of the pathway you have chosen.
tea sch	cher lea ool yea	iders in your or r and approxi	grant pathway, b	es: Describe in detail the following: a) the main role and responsibilities of the main activities in which teacher leaders will engage each month of the itments for each month, and c) how you will measure the success of
1				

CDN		Vendor ID		Amendment #
Prog	ram Requ	uirements	s (Cont.)	
2. T	eacher Le	ader Role	& Responsibilitie	es (Cont.):
2. 1	eacher Le	adel Noie	« певропвіління	ES (COIIL).
and follo over and in th	teacher lewing: a) the course external p	eader supp the contented se of school partner (if a	port specific to yo t, frequency, dura ol year, which ma applicable) will pr	dicate whether you will partner with an external entity to provide training our pathway (required for pathways one and three). Describe in detail the ation (total hours), and measures of success of your teacher leader training ay include summers, b) additional supports your LEA, campus leadership, rovide teacher leaders to ensure a strong onboarding process and success so you and your external partner, if applicable, have to provide these

CDN		Vendor ID		Amendment #
Prog	ram Req	uirements	(Cont.)	
3. To	eacher Le	eader Train	ing & Support (c	ont.)
high relat reter how	ly effectiv ed to the ntion strat	e teachers retention o egies will y	that are represe f highly effective ou implement to	ategies: Describe how you will use this grant to increase the retention of entative of your LEA's student population. Describe: a) your LEA goals teachers that are representative of your student population, b) the achieve these goals, including action steps, owners, and timelines, and c) is grant program will align to the retention strategies you list in your

CDN	Vendor ID	Amen	dment #	
	cess and Participation			
that receive se The app funded Barriers	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		
PNP Equitab	le Services			
Are any private	nonprofit schools located w	ithin 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	e Services Calculation			
1. LEA's studer	nt enrollment			
2. 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 reserva	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 LE	7. Per-pupil LEA amount for provision of ESSA PNP equitable services (line 6 divided by line 3)			
	LEA's total requi	red ESSA PNP equitable services reservation (line 7 times line 2)		

CDN Vendor ID		Amendment #
Appendix I: Amendment Descrip	tion and Purpos	e (leave this section blank when completing the initial application for funding)
'When to Amend the Application" be submitted for an amendment: (authorized official's signature and of the application or budget affected.	document posted 1) Page 1 of the date, (2) Appended by the change with more detail	am plan or budget is altered for the reasons described in the d on the Administering a Grant page. The following are required to application with updated contact information and current lix I with changes identified and described, (3) all updated sections identified below, and, if applicable, (4) Amended Budget is can be found on the last tab of the budget template. I may duplicate this page
Amended Section	Reaso	on for Amendment
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