



2021-2022 Texas Reading Initiative - Literacy Coaching and Professional Development Grades 6-12

Competitive Grant Application: Due 11:59 p.m. CT, June 28, 2021

NOGA ID

Application stamp-in date and time

TEA will only accept grant application documents by email, including competitive grant applications and amendments. Submit grant applications and amendments as follows:

Competitive grant applications and amendments to competitivegrants@tea.texas.gov

Authorizing legislation:

Grant period: **Pre-award costs:**

Required attachments:

Amendment Number

Amendment number (For amendments only; enter N/A when completing this form to apply for grant funds):

1. Applicant Information

Name of organization

Campus name CDN Vendor ID ESC DUNS

Address City ZIP Phone

Primary Contact Email Phone

Secondary Contact Email Phone

2. 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 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
- General Provisions and Assurances
- Application-Specific Provisions and Assurances
- Debarment and Suspension Certification
- Lobbying Certification
- ESSA Provisions and Assurances requirements

Authorized Official Name Title Email

Phone Signature Date

Grant Writer Name Signature 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 _____.

3. Shared Services Arrangements

Shared services arrangements (SSAs) **are/are not** permitted for this grant.

4. 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

5. 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.

6. 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

For TEA Use Only:
 Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.

6. Measurable Progress (Cont.)

Second-Quarter Benchmark

Third-Quarter Benchmark

7. 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.

For TEA Use Only:
Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.

8. 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.

- 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 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.
- 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 that all literacy coaches have or are currently completing the required HB 3 Reading Academies.
- 4. The applicant provides assurance that the placement of literacy coaches ensures they are supported with verifiable capacity via internal resources or external partnerships.
- 5. The applicant provides assurance that each coach will support at least 60 teachers annually if not supporting QOZ or at least 30 teachers annually if supporting QOZ through a mix of in-person and on-line coaching.
- 6. (For literacy conferences) The applicant provides assurance that the content of hosted literacy conferences will focus on knowledge-building curriculum, and that the applicant has experience and expertise in implementation of a knowledge-building program.

9. Statutory/Program Requirements

Please select the type of opportunity being applied for. Select one or both of the following:

Check this box if applying for the literacy coaching opportunity

Check this box if applying for the regional literacy conferences opportunity

1. Describe how the school, the local educational agency, or a provider of high-quality professional development will provide ongoing high-quality professional development to all teachers, principals, other school leaders, specialized instructional support personnel (as appropriate), and other instructional leaders served by the school. (Applies to both opportunities)

For TEA Use Only:
Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.

9. Statutory/Program Requirements (Cont.)

2. Describe how the applicant will identify children in need of literacy interventions or other support services. (Answer only if applying for the literacy coaching opportunity)

3. Explain how the applicant will integrate comprehensive literacy instruction into a well-rounded education. (Applies to both opportunities)

4. Describe how the applicant will coordinate comprehensive literacy instruction with early childhood education programs and activities and after-school programs and activities in the area served by the local educational agency. (Applies to both opportunities)

For TEA Use Only:

Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.

9. Statutory/Program Requirements (Cont.)

5. Provide proof or a plan on recruiting and hiring a literacy coach. Eligible applicants must have preemptively hired a literacy coach for the 2021-22 school year and meet all minimum requirements as set by the Texas State Board of Educator Certification and the requirements of the subgrant. (Answer only if applying for the literacy coaching opportunity)

6. Provide the plan for embedded professional development for the literacy coach(es) to support them in providing valuable training. (Answer only if applying for the literacy coaching opportunity)

7. Identify the plan for demonstrating outcomes for increasing student literacy in a school or district. (Answer only if applying for the literacy coaching opportunity)

For TEA Use Only:
Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.

9. Statutory/Program Requirements

8. Provide a plan for how you will target schools or districts in Qualified Opportunity Zones (QOZs), with an additional emphasis on serving low-income, high-need students, including children living in poverty, English Language Learners, and children with disabilities. (Answer only if applying for the literacy coaching opportunity)

9. Describe your organization's capacity for grant management, including data collection and tracking, meeting reporting requirements, and tracking progress towards goals and pre-defined outcomes. List the organization's key individuals that will play a role in grant activities and describe their expertise and experience. Please upload the resume for any individuals within your organization that will be supporting the work of the grant. (Answer only if applying for the literacy coaching opportunity)

10. Provide the plan for literacy conferences including how it incorporates the use of high quality instructional materials to support a knowledge building approach to learning. Include a rationale as to why your organization is best suited to lead regional conferences. (Answer only if applying for the regional literacy conferences opportunity)

For TEA Use Only:
Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.

9. Statutory/Program Requirements

11. Include the proposed conference participation goals and outcomes-focused success metrics for conferences. (Answer only if applying for the regional literacy conferences opportunity)

12. Provide the plan for how you will recruit schools or districts to attend conference in Qualified Opportunity Zones (QOZs), with an additional emphasis on serving low-income, high-need students, including children living in poverty, English Language Learners, and children with disabilities. (Answer only if applying for the regional literacy conferences opportunity)

10. 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 grant.

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

Group	<input type="text"/>	Barrier	<input type="text"/>
Group	<input type="text"/>	Barrier	<input type="text"/>
Group	<input type="text"/>	Barrier	<input type="text"/>
Group	<input type="text"/>	Barrier	<input type="text"/>

For TEA Use Only:
 Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.

11. Request for Grant Funds

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

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>

Professional and Contracted Services

6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>

Supplies and Materials

11.	<input type="text"/>	<input type="text"/>
12.	<input type="text"/>	<input type="text"/>
13.	<input type="text"/>	<input type="text"/>
14.	<input type="text"/>	<input type="text"/>

Other Operating Costs

15.	<input type="text"/>	<input type="text"/>
16.	<input type="text"/>	<input type="text"/>
17.	<input type="text"/>	<input type="text"/>

TOTAL GRANT AWARD REQUESTED:

For TEA Use Only:

Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.

Appendix I: Negotiation and Amendments

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 of the TEA website and may be mailed OR faxed (not both). **To fax:** 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. **To mail:** three copies of all sections pertinent to the amendment (including budget attachments), along with a completed and signed page 1, to the address on page 1. More detailed amendment instructions can be found on the last page of the budget template.

You may duplicate this page.

For amendments, choose the section you wish to amend from the drop down menu on the left. In the text box on the right, 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.

Section Being Negotiated or Amended	Negotiated Change or Amendment
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

For TEA Use Only:
 Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.