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**2021-2022 Random Validation Submission Packet**

**Federal Program Compliance Division**

**ESSA Title II, Part A—Prioritization of Funds**

**Due Date: November 12, 2021**

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| --- | --- | --- | --- |
| **Date:** |  | **Page 1 of** |  |
| **ESC:** |  | **County District #:** |  |

|  |  |
| --- | --- |
| **LEA Name:** |  |

|  |  |
| --- | --- |
| **LEA Contact Name:** |  |
| **LEA Phone:** |  |
| **LEA Contact Email:** |  |

**Submission Instructions**

Submit this completed packet, including relevant documentation, by uploading it through the **ESSA Reports** application on TEAL **no later than November 12, 2021**.

**Comments (if applicable):**

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For Questions Contact: Vivian.Smyrl@tea.texas.gov or ESSASupport@tea.texas.gov.

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| **County District #:** |       |
| **LEA Name:** |       |

**Prioritization of Funds:** The LEA will prioritize funds to schools served by the agency under Title I, Section 1111(d) and that have the highest percentage of children counted under Title I, Section 1124(c) [Section 2102(b)(2)(C)].

| **Page Number(s)** | **Item #** | **Title II, Part A—Prioritization of Funds Requirement** | **Compliance Status****(TEA Only)** | **Comment (TEA Only)** |
| --- | --- | --- | --- | --- |
|       | 1.1 | Documentation shows how Title II, Part A funds have been prioritized to schools served by the LEA under Title I School Improvement and that have the highest percentage of low-income children. (e.g., spreadsheet or relevant pages from District Improvement Plan showing distribution of Title II, Part A funds/activities correlated to campus Title I School Improvement status and/or campus low-income percentages). | [ ]  Met[ ]  IN\* |  |

\*IN = Improvement Needed

If the LEA receives “Improvement Needed” status, the LEA will be required to submit documentation for 2022-2023 for the same program requirements during resubmission Random Validation process. The resubmission documentation must be uploaded on ESSA Reports no later than **September 30, 2022.
TEA Only:**

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| **Reviewed by TEA Staff:** |       | **Date:** |       |

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| **Reviewed with ESC Staff** **(if applicable) ESC Staff contacted:** |       | **Date:** |       |

**Referred to ESC #**       **for assistance (TEA Only)**