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**2021-2022 Random Validation Submission Packet**

**Federal Program Compliance Division**

**Private Nonprofit (PNP): LEA Documented Equitable Services *Administration* Amounts**

**Due Date: January 14, 2022**

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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 January 14, 2022**.

**Comments (if applicable) Note: If the LEA did not use funds for administration of the PNP program, use this space to indicate such.**

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For Questions Contact: LaNetra Guess at [LaNetra.Guess@tea.texas.gov](mailto:LaNetra.Guess@tea.texas.gov) or [PNPOmubdsman@tea.texas.gov](mailto:PNPOmubdsman@tea.texas.gov).

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

**Private Nonprofit (PNP): LEA Documented Equitable Services *Administration* Amounts**

| **Page Number(s)** | **Item #** | **PNP Requirement** | **Compliance Status**  **(TEA Only)** | **Comment  (TEA Only)** |
| --- | --- | --- | --- | --- |
|  | 1.1 | **LEA Documented Equitable Services *Administration* Amounts**  **Documentation LEA informed PNP officials during consultation(s) of equitable services *administration* amount and how it was used** (i.e., amount/percentage of PNP funds appropriated, agenda, meeting minutes, 3rd party/Shared Services Agreement, calculated campus spreadsheet indicating administration amount) | 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:** |  |

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

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