



# 2024-2025 Stronger Connections Grant

Competitive Grant Application: Due 11:59 p.m. CT, July 18, 2023

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](mailto:competitivegrants@tea.texas.gov).

The application **MUST** bear the signature of a person authorized to bind the applicant to a contractual agreement

**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  UEI

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

Authorized Official Name  Title  Email

Phone  Signature *Lauren McKinney* Date

Grant Writer Name  Signature *Lauren McKinney* Date

Grant writer is an employee of the applicant organization.  Grant writer is **not** an employee of the applicant organization.

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**3. Shared Services Arrangements**

Shared services arrangements (SSAs) **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**

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**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.

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**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 to adhere to all Statutory Requirements, TEA Program Requirements, and Performance Measures, as noted in the 2024–2025 Stronger Connections Grant Program Guidelines, and shall provide the Texas Education Agency, upon request, any performance data necessary to assess the success of the grant program.
- 4. The applicant will formally establish a Student Support Program at three district campuses (one elementary, one intermediate/middle school, one high school) to address school climate and establish a student support team structure aligned to the training and support provided by the Texas Center for Student Supports and the regional ESC. If the applicant has few than three campuses or does not have three of the listed types of campuses, the applicant will establish the Student Support Program and the student support team structure at all campuses, up to three, served in the district.
- 5. The applicant will allocate 6% of awarded funds for contracted services for technical assistance provided by the regional ESC. Complete the transaction with the regional ESC in a timely manner. Time is of the essence in completing the transaction to ensure that the program is implemented efficiently and effectively to successfully achieve the goals of the program.
- 6. The applicant will allocate 10% of awarded funds for professional and contracted services with a partner approved by the Texas Center for Student Support and TEA. Complete the transaction with the regional ESC in a timely manner. Time is of the essence in completing the transaction to ensure that the program is implemented efficiently and effectively to successfully achieve the goals of the program.
- 7. The applicant will use the family engagement playbook developed by the Texas Center for Student Supports to partner and build support with parents and families prior to a student support team assessment, and during the student support implementation process to facilitate a student support partnership with families.
- 8. The applicant will establish a parent, student, and staff advisory committee to provide input on the establishment of the Student Support Program.
- 9. The applicant will engage in Student Support Program planning activities from the beginning of the grant program through implementation at the beginning of the 2024-2025 school year.
- 10. The applicant will establish and implement at the beginning of the 2024-2025 school year, the Student Support Program aligned to the content and training provided by the Texas Center for Student Supports.
- 11. The applicant will incorporate a case management system into the student support team structure aligned to the training and support provided by the Texas Center for Student Supports.
- 12. The applicant will align the student support team structure with behavioral threat assessment team operation and outcomes to ensure that students are well supported and that the effectiveness of interventions are monitored.
- 13. The applicant will implement the data collection and reporting system developed by the Texas Center for Student Supports to gather and analyze data to monitor efficacy of the implementation of the Student Support Program, including student support team structure, quality of support leading to positive outcomes, and data related to increases in desired outcomes (e.g. increase in student support team referrals for nonacademic needs, increase in effective supports received by students, reduction in disciplinary incidents, reduction in bullying and harassment, increase in referrals for mental health services, reduction in removals from class, etc.).
- 14. The applicant will provide timely response to requests from TEA for information and data regarding program development, implementation, and performance and evaluation measures.

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**9. Statutory/ TEA Program Requirements**

1. Describe how the LEA will identify the campuses that will participate in the establishment of the Student Support Program described in the program description? Include the criteria or considerations that will influence the determination by the LEA.

2. Describe how the LEA will ensure that campus leaders and staff are committed to the success of the Student Support Program.

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**9. Statutory/Program Requirements (Cont.)**

3. Describe how the LEA will engage parents and families to solicit support for the program.

4. Describe how the LEA will ensure that there is adequate staff to support the establishment and implementation of the Student Support Program.

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**9. Statutory/Program Requirements (Cont.)**

5. Describe how each of the campuses will be supported by the grant program, if awarded, currently conduct behavioral threat assessments and how the campus will incorporate current systems into the student support team structure.

6. Describe how the LEA currently identifies student support needs and how it identifies and establishes partnerships with external mental health and behavioral health providers to meet student needs.

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**9. Statutory/Program Requirements (Cont.)**

7. Describe how the LEA currently partners with the regional ESC to support improvement in student mental health, behavioral and emotional health, physical health and wellbeing, and improving academic outcomes for students.

8. Describe how the LEA will use this grant program to supplement current work to improve services and supports for the mental health, behavioral and emotional health, and physical health and wellness of students.

9. Enter the LEA Total Enrollment:

10. Enter the Regional Educational Service Center that serves the LEA:

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**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"/> |

**11. PNP Equitable Services**

Are any private nonprofit schools located within 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 grant?

- Yes  No

*If you answered "No" to the preceding question, stop here. You have completed the section. Proceed to the next page.*

**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.

**Equitable Services Calculation**

|   |                      |
|---|----------------------|
| 1. LEA's student enrollment   | <input type="text"/> |
| 2. Enrollment of all participating private schools  | <input type="text"/> |
| 3. Total enrollment of LEA and all participating PNPs (line 1 plus line 2)                      | <input type="text"/> |
| 4. Total current-year grant allocation  | <input type="text"/> |
| 5. LEA reservation for direct administrative costs, not to exceed the grant's defined limit     | <input type="text"/> |
| 6. Total LEA amount for provision of ESSA PNP equitable services (line 4 minus line 5)          | <input type="text"/> |
| 7. Per-pupil LEA amount for provision of ESSA PNP equitable services (line 6 divided by line 3) | <input type="text"/> |
| <b>LEA's total required ESSA PNP equitable services reservation (line 7 times line 2)</b>       | <input type="text"/> |

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**12. 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.  | Required 6% of funds for technical assistance provided by the regional ESC | <input type="text"/> |
| 7.  | Required 10% of funds to the Texas Center for Student Supports             | <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"/> |

**Other Operating Costs**

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

**Debt Services**

|     |                      |                      |
|-----|----------------------|----------------------|
| 18. | <input type="text"/> | <input type="text"/> |
| 19. | <input type="text"/> | <input type="text"/> |

**Capital Outlay**

|     |                      |                      |
|-----|----------------------|----------------------|
| 20. | <input type="text"/> | <input type="text"/> |
|-----|----------------------|----------------------|

Direct administrative costs:

Indirect administrative costs:

**TOTAL GRANT AWARD REQUESTED:**

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**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"/>                |                                |

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