



2021-2022 CTE Perkins Reserve

Competitive Grant Application: Due 11:59 p.m. CT, April 27, 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: Carl D. Perkins Career and Technical Education Act of 2006, P.L. 109-270, Title I, Part A, §112(c)

Grant period: From **07/01/2021** to **08/31/2022** **Pre-award costs:** **ARE NOT** permitted for this grant

Required attachments: Refer to the program guidelines for a description of any required attachments.

Focus Area Selection

Focus Area 1

Focus Area 2

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
- 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 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** permitted for this grant.

Check the box below if applying as fiscal agent.

- The LEA or ESC submitting this application is the fiscal agent of a planned SSA. All participating agencies will enter into a written SSA agreement describing the fiscal agent and SSA member responsibilities. All participants understand that the "Shared Services Arrangement Attachment" must be completed and signed by all SSA members, and submitted to TEA before the 80% reserve on the NOGA is lifted.

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 to adhere to all the Statutory and TEA Program requirements as noted in the 2021-2022 CTE Perkins Reserve Program Guidelines, and to adhere to the 2021-2022 CTE Perkins Reserve Formula Grant, which is incorporated by reference.
- 4. The applicant provides assurance to adhere to all the Performance Measures, as noted in the 2021-2022 CTE Perkins Reserve Program Guidelines, and shall provide to TEA, upon request, any performance data necessary to assess the success of the program.
- 5. The applicant assures that any Electronic Information Resources (EIR) produced as part of this agreement will comply with the State of Texas Accessibility requirements as specified in 1 TAC 206, 1 TAC Chapter 213, Federal Section 508 standards, and the WCAG 2.0 AA Accessibility Guidelines.
- 6. The applicant provides assurance that curriculum will be appropriately aligned to regional labor market supported CTE programs of study including higher education programs of study where applicable.
- 7. The applicant provides assurance that they will submit a Memorandum of Understanding (MOU) detailing the relationship between the institute of higher education, the LEA, and business and industry partner(s) within 90 days of the grant start date. The MOU will establish joint decision-making procedures that allow for planning and implementation of a coherent program across the institutions. The partnership and the MOU must include provisions and processes for collecting, sharing, and reviewing student data to assess the progress of the students.

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

9. Program Requirements

1. **Summary of Program (Focus Area 1):** Provide an overview of the program to be planned and designed with grant funds. What pathway will be developed and how will each stakeholder support the pathway planning? What are the goals of developing this pathway and how does a regional pathways approach benefit your community and workforce development efforts in your region?

2. **Summary of Program (Focus Area 2):** Provide an overview of the program to be implemented with grant funds. What pathway will be implemented and how will each stakeholder support the pathway? In the past, how have stakeholders previously contributed to pathways development in the region? What are the goals of developing this pathway and how does a regional pathways approach benefit your community and workforce development efforts in your region?

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

9. Program Requirements (Cont.)

3. **Program of Study (Focus Areas 1 and 2):** The applicant must identify -- in partnership with all LEAs included in the application, a public institution of higher education, employer partners, and local workforce development board, economic development agency, and/or chamber of commerce -- high-wage and in-demand occupations and TEA approved statewide or regionally approved CTE programs of study that lead to these occupations. Regional labor market information must be included in the application demonstrating how the CTE programs of study were identified. Applicants may use LWDA Labor Market information and resources from TEA to demonstrate labor market alignment. Identify the strategy behind this program of study and what the intended education and career outcomes are.

4. **Intermediary Capacity (Focus Area 1):** The applicant must describe how they will build the capacity of the designated intermediary organization to carry out the functions related to this role, including -but not limited to- convening cross-sector stakeholders, supporting regional education and workforce development initiatives, working with educators and employers to create work-based learning experiences and place students in them, and collecting data to evaluate program outcomes and plan for continuous improvement. Describe the intermediary partner's plan to increase capacity during the planning year and the plan to provide adequate staff capacity to this grant.

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

9. Program Requirements (Cont.)

5. **Intermediary Capacity (Focus Area 2):** The applicant must describe the capacity of the designated intermediary organization to carry out the functions related to this role, including -but not limited to -convening cross-sector stakeholders, supporting regional education and workforce development initiatives, working with educators and employers to create work-based learning experiences and place students in them, and collecting data to evaluate program outcomes and plan for continuous improvement. Describe the intermediary partner's existing capacity and plan to provide adequate staff capacity to this grant.

6. **Crosswalk (Focus Areas 1 and 2):** The applicant must provide, for all pathways a crosswalk that identifies secondary and postsecondary coursework that would be required of a student in the program of study to complete a certificate, at a minimum, or receive an associate degree from the partnering general academic teaching institution(s) within two-years of graduating from high school. The crosswalk should align to the higher education program of study curricula where applicable and demonstrate how the program of study can lead to a post-secondary certification and credentials, up to and including, a bachelor's degree or beyond. For Focus Area 1 applicants, this crosswalk should demonstrate a sample or proposed crosswalk of the pathway that will be developed. For Focus Area 2 applications, this crosswalk should be a likely sequence of courses based on prior planning.

For TEA Use Only:

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

9. Program Requirements (Cont.)

7. **Strategic Partnerships** (Focus Areas 1 and 2): Identify regional partnerships and/or initiatives that are aligned to Tri-Agency efforts and are already in place that provide an advantage in developing (focus area 1) or implementing (focus area 2) the proposed pathway(s). Describe how these specific partnerships and/or initiatives will be utilized to strengthen the foundation of their proposed cross-sector work, which is paramount for a regional pathways approach.

8. **Budget Narrative** (Focus Areas 1 and 2): Describe how the proposed budget will meet the needs and goals of the program --for staffing, supplies and materials, contracts, travel, etc. --in particular, how will funds increase intermediary capacity? If applicable, include a high-level snapshot of funds currently allocated to similar programs. include a short narrative describing how adjustments will be made in the future to meet needs. How will budget funds be allocated to all stakeholders?

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

9. Program Requirements (Cont.)

9. **Current Pathways** (Focus Area 2): What pathways work currently exists in your region and which stakeholders participate? How does the current work align with the Texas Regional Pathway's Network seven components of a pathway?

10. Use of Funds (Focus Area 2): How will grant funds be used to: a) increase the number of students in the existing pathway? b) **AND/OR** increase participating LEAs (and other partners, as appropriate) partnering to provide at least one TEA approved statewide or regional CTE program of study? c) **AND/OR** expand the number of CTE programs of study that span secondary and postsecondary education and include an appropriate sequence of courses that are aligned with high-wage and in-demand occupations identified by the local regional workforce board? Applicants may use LWDA Labor Market Information and resources from TEA to demonstrate labor market alignment. (Note: 2020-21 Perkins Reserve grantees who received Focus Area 1 [planning] grants should describe how they will implement pathways based on this year's planning efforts instead of describing how they will increase the number of students participating in pathways.)

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

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"/>
LEA's total required ESSA PNP equitable services reservation (line 7 times line 2)	<input type="text"/>

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

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.	<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"/>

Capital Outlay

18.	<input type="text"/>	<input type="text"/>
19.	<input type="text"/>	<input type="text"/>
20.	<input type="text"/>	<input type="text"/>

Direct and indirect administrative costs:

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 emailed to competitivegrants@tea.texas.gov. Include all sections pertinent to the amendment (including budget attachments), along with a completed and signed copy of page 1 of the application. 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 _____.