

Q1.

Welcome to the Learning Acceleration Support Opportunities 2024-2026 ESF-FSG Grant Application.

*Introduction.*

**Objective** | The purpose of this application is to provide a platform to apply for a focus support grant.

**Context** | This application features the following opportunity to apply for the ESF Focused Support Grant.

**Strategic Planning Serving Grant**

- [2024-2026 Effective Schools Framework Focused Support \(ESF-FSG\) Grant](#)

**Audience** | LEAs (only LEAs can apply)

**Dates** | The application opens on February 15, 2024, at 8:00 AM and closes on April 02, 2024, at 11:59 PM. CST

*Directions.*

LEAs should:

Step 1 | Read the program description, assurances, and requirements of the grant opportunity (Linked in the introduction section).

Step 2 | Identify and select grant in service of meeting the LEA's needs.

**NOTE** | Below are some key considerations:

1. Only one application can be submitted per LEA.
2. Application will need to be signed by the LEA's Superintendent to be considered formally submitted.
3. In the rare instances that the Superintendent is not available to sign and submit the application by April 02, 2024, at 11:59 PM CST, please email [SIDivision@tea.texas.gov](mailto:SIDivision@tea.texas.gov).

General Information.

## General Information

Please select the ESC region that serves your LEA (Refer to this [list](#) to identify the ESC serving your LEA).

1. ESC Region
2. LEA Name and CDN

Contact Information.

## Contact Information

1. Enter the Name, Role, and Email and Phone Number of the LEA employee who is completing this application on behalf of the LEA. (Note- we recognize that there may be multiple roles at the LEA completing different sections of this application. Please provide one primary contact to enter).

LEA Employee Name (First name, last name)	<input type="text" value="Michelle DeWitt"/>
LEA Employee Role	<input type="text" value="Superintendent"/>
LEA Employee Email	<input type="text" value="michelle.dewitt@lyfordcisd.net"/>
LEA Employee Phone Number (xxx-xxx-xxxx)	<input type="text" value="956-347-3900"/>

Contact Information2.

Extension Number (optional)	<input type="text" value="200"/>
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Assurances.

## Assurance Agreement

### Overall LASO Cycle Assurances

To apply for LASO Cycle grants, LEAs must commit to the Program Specific Assurances (linked in the introduction section) and Overall Assurances listed below:

- The LEA understands that, if the assurances and commitments are not met by the LEA or the LEA disengages with the supports/initiatives provided, TEA may place special conditions on the award such as terminating the LEA's participation in the grant program or reducing the LEA's awarded grant.
- The LEA Superintendent approves participation in all supports the LEA has applied for in this application.
- The LEA Chief Academic Officer (or equivalent leader) approves participation in all supports the LEA has applied for in this application.

1. Does your LEA commit to all these assurances?

- Yes  
 No

*Warning 1.*

### Warning

In order to be considered for the grant, the LEA must agree to meeting the assurance requirements. If your LEA is still interested in applying for the grant, please click [ç Back Button](#) and return to previous question to select yes to committing to the assurances. If your LEA does not wish to commit to the assurances, then click [è Next Button](#) below and you will be redirected to the last page and the application will be terminated.

*This question was not displayed to the respondent.*

*Program Grants.*

Check the following program grant that your LEA wants to apply. Refer to the [one pager](#) that outlines the key commitments for the grant program. Please review and then considering LEAs needs, priorities, and internal capacity, choose the grant program in service of meeting the LEAs needs below:

### **Strategic Planning Serving Grant**

- 2024-2026 Effective Schools Framework-Focused Support (ESF-FSG) Grant

Q1.

### **Program Description**

The Effective Schools Framework Focused Support Grant (ESF FSG) provides resources and support to LEAs to ensure that campuses identified for improvement reach full implementation of

the [Foundational Essential Actions in the ESF](#) to significantly and sustainably improve student outcomes.

Title I, 1003 ESF-Focused Support Grant funds are supplemental to the Title I, Part A funds. These funds must only be used to support LEA and school-level improvement efforts to directly benefit the awarded Comprehensive, Targeted or Additional Targeted schools. LEAs may reserve up to 30% of the total awarded funds at the district level to assist students who will be entering and/or have exited the federally identified campuses to address the gaps that were created on the Comprehensive, Targeted or Additional Targeted campus(es). These campuses must be Title I Served and be within one level in the direct feeder pattern of the awarded campus(es).

Districts will engage in an ESF Diagnostic that results in a Targeted Improvement Plan (TIP) and select and work with a [Vetted Improvement Program](#) (VIP) that has been approved to support one or more of the Essential Actions (EAs) identified for prioritization in the diagnostic. The LEA will select a VIP and will confirm their availability. LEAs that receive this grant will provide information to the agency as needed and will engage in coaching calls and campus visits with agency staff.

The grant will fund applicants during a 2-year grant period ending on September 30, 2026. Districts must satisfactorily complete required elements of the ESF-Focused Support Grant program Guidelines and provide data and information to the Texas Education Agency as requested.

### Program Requirements

Title I served campuses with a federal identification for improvement who are receiving the 2024-2026 Title I, 1003 ESF-Focused Support Grant are required to fulfill the following program requirements.

1. Do you agree to engage in all interventions and submissions communicated by the Texas Education Agency including, but not limited to:

a. ESF Diagnostic that results in a Targeted Improvement Plan (TIP) focused on \_\_\_\_\_ the highest priority or highest impact Essential Actions identified in the diagnostic \_\_\_\_\_ (if the campus has not received a diagnostic within 3 years)

b. Funding Summary Report submissions aligned to the TIP

c. Fidelity of implementation trackers and/or evidence

Yes

No

Q2.

2. Do you agree to assign a Campus Intervention Team (CIT) that must include the District Coordinator of School Improvement (DCSI) who is responsible for overseeing fidelity to \_\_\_\_\_ this grant program and the campus principal's supervisor (if not the DCSI)?

Yes

No

Q3.

3. Do you agree to engage with a [Vetted Improvement Program](#) to build capacity on the campus(es) and budget funds to support partnership with the VIP and implement new systems and processes with fidelity?

- Yes  
 No

Q4.

4. Do you agree the LEA will attend and participate in grant orientation meetings, technical assistance meetings, other periodic meetings of grantees, and sharing of practices through the TEA program office?

best

- Yes  
 No

Q5.

**Eligibility**

5. Do you agree to meet the [General and Fiscal Guidelines](#)?

- Yes  
 No

Q6.

6. Do you meet the eligibility that applying LEAs have Title I served campuses with federal identifications at the time of application (Comprehensive Identified, Comprehensive Re-Identified Comprehensive Progress, Targeted Support, Additional Targeted Support in the 2023 federal accountability identification)?

the

- Yes  
 No

Q7.

7. Do you commit that the campuses in this grant application will remain in operation throughout the grant cycle and remain Title I served for the 2024-2025 and 2025-2026 school years?

Yes

No

Q8.

8. Do you comply that none of your campuses will receive funding concurrently from another ESF Focused Support Grant or any School Action Fund grant, School Redesign grant, or a School Transformation grant?

Yes

No

Q9.

### **Assurance**

The following assurances apply to this program. In order to meet the requirements of the program, the applicant must comply with these assurances. Check each of the following boxes to indicate your compliance.

9. 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 LOI 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.

Yes

No

Q10.

10. 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.

Yes

No

Q11.

11. The applicant provides assurance to adhere to all the Statutory and TEA Program requirements as noted in the 2024-2026 Title I, ESF-Focused Support Grant Program

## Guidelines.

Yes

No

Q12.

12. The applicant provides assurance to adhere to all the Performance Measures, as noted in the 2024-2026 Title I, ESF-Focused Support Grant Program Guidelines, and shall provide to TEA, upon request, any performance data necessary to assess the success of the program.

Yes

No

Q13.

13. The applicant provides assurance that they accept and will comply with the requirements of [Every Student Succeeds Act Provisions and Assurances](#).

Yes

No

Q14.

14. 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.

Yes

No

Q15.

15. Title I served Federally Identified campuses awarded this grant will engage in the Effective Schools Framework (ESF) continuous improvement process, including an ESF Diagnostic if the campus has not received a diagnostic in the last three years, and create a plan to be submitted to TEA that addresses how each campus will increase the implementation level of Essential Actions (EA) identified in the ESF Diagnostic.

Yes

No

Q16.

16. The applicant ensures it will notify the [Vetted Improvement Program](#) provider of intent to apply and, if awarded, will work in good faith with the [Vetted Improvement Program](#).

Yes

No

Q17.

17. The applicant will identify a campus leader, on each awarded campus, who will be responsible for managing the grant project.

Yes

No

Warning 2.

## Warning

In order to be considered for 2024-2026 Effective Schools Framework-Focused Support Grant (ESF-FSG), the LEA must agree to meeting the General and Fiscal Guidelines and all of the Program requirements, eligibility and assurances. By selecting “No” to any of the questions above, the LEA is opting out of this grant. If the LEA still wishes to apply for this grant, please click the  Back Button and go back to select “Yes” to the General and Fiscal Guidelines, Program Specific Requirements, Grant Eligibility and Assurances. If the LEA does not want to apply for the ESF-FS Grant, then click the  Next Button and you will be redirected to closing section of this application.

*This question was not displayed to the respondent.*

Q18.

18. How many campuses within your LEA will be implementing ESF-FS grant

1

Q19.

19. Please select Title I served with federal identification campus(es) that will be implementing ESF-FS grant.



LYFORD MIDDLE

Note.

(Note: Press Ctrl key to select multiple campuses)

Q20.

20. If your campus name(s) were not on the list above, please provide the Campus Name and CDCN

Q107.

(Note: To list multiple campuses separate campus names with a ; )

Q46.

**Error**

No value is selected for question 19 AND no value is entered for question 20. Please click the back button and select a campus name OR enter a non-listed campus name in the text field.

*This question was not displayed to the respondent.*

Q21.

21. Have all of the campuses in this grant application received an ESF Diagnostic in the last three years?

Yes

No

Q22.

22. Will any campuses that have not yet had a diagnostic engage in an ESF Diagnostic?

*This question was not displayed to the respondent.*

Q23.

23. Will each campus in this grant application engage with a Vetted Improvement Program that is aligned to the Essential Action(s) that is/are identified in the ESF Diagnostic?

Yes

No

Q24.

24. Will the district monitor the fidelity of implementation of ESF Essential Actions on each campus in this grant application and make necessary adjustments when implementation is off track?

Yes

No

Q25.

25. Has the district identified a staff member or role with decision-making authority who will be responsible for monitoring implementation of the ESF Essential Actions on each campus in this grant application?

Yes

No

Q26.

26. Will the district ensure that all campus(es) in this grant application have the operational flexibility needed to implement systems and practices that lead to full implementation of ESF Essential Actions?

Yes

No

*Signature Super.*

**Signature**

Official submission of this application requires the Superintendent's signature. Application cannot be considered submitted without the formal signature from the Superintendent.

If the Superintendent is unable to sign because they are on leave or in role transition, please email at [SIDivision@tea.texas.gov](mailto:SIDivision@tea.texas.gov).

If you are the Superintendent, please proceed to Question 1 below by selecting yes and proceed to submitting the application.

If you are not the Superintendent, pause on submitting this application, email [SIDivision@tea.texas.gov](mailto:SIDivision@tea.texas.gov) to identify the LEA's grantee official who can submit the application in the Superintendent's absence, Once the name of the grantee official has been identified, then return back to this page, select 'No' for Question 1 and answer Question 2 to submit the application.

Q1. Are you the Superintendent

- Yes  
 No

*Signature Q1a.*

Enter the following details

Superintendent Name

Michelle DeWitt

Superintendent Email

michelle.dewitt@lyfordcisd.net

*Signature Q2.*

Q2. Enter the following details of the LEA's grantee official, who is signing and submitting this application on behalf of the Superintendent as agreed upon between the LEA and TEA via the email sent to the [SIDivision@tea.texas.gov](mailto:SIDivision@tea.texas.gov) inbox.

*(Note: Please note that only "Grantee Official" identified by the LEA in the TEAL account will be considered to sign on behalf for the LEA).*

*This question was not displayed to the respondent.*

*Signature.*

**Note to the Superintendent/LEA Grantee Official:**

By signing this application, I acknowledge that I have read the inputs in this application and confirm all the responses included in this application.

× *Michelle DeWitt* clear

#### Embedded Data

campus-options: ,LYFORD MIDDLE

Q19-campuses: LYFORD MIDDLE

#### Scoring Results

##### Score

Mean Score:	0.00
Weighted Mean of Items:	0.00
Weighted Standard Deviation of Items:	0.00
Items:	0.00

#### Location Data

Location: [\(26.1966, -97.6912\)](#)

Source: GeoIP Estimation

