

This LOI application must be submitted via email to loiapplications@tea.texas.gov.	Application stamp-in date and time
The LOI application may be signed with a digital ID or it may be signed by hand. Both forms of signatur are acceptable.	e
TEA must receive the application by 11:59 p.m. CT, June 17, 2022 .	
Grant period from August 1, 2022 - August 31, 2023	
Pre-award costs permitted from Pre-Award Costs Are Not Permitted	
Required Attachments (linked along with this form on the TEA Grants Opportunities page)	
Excel workbook with the grapt's hudget schedules	

Excel workbook with the grant's budget schedules Attachment 1: Program Agreement

Amendment Number									
Amendment number (For amendments only; enter N/A when completing this form to apply for grant funds):									
Applicant Information									
Organization	C	DN	Camp	bus			ESC [DUNS	
Address		City			ZIP		Vendor		
Primary Contact	Email						Phone	2	
Secondary Contact	Email						Phone	2	
Certification and Incorporation									
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 LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA):									
LOI application, guidelines, and instructions Debarment and Suspension Certification									
General and application-specific Provisions and Assurances									
Authorized Official Name				Title					
Email					Phone [
Signature					[Date			
RFA # 701-22-110 SAS # 629-23	2022-2	2023 Eff	ective Advi	sing	Impleme	ntatio	n		Page 1 of 9

CDN Vendor ID	Amendment #
Shared Services Arrangements	
Shared services arrangements (SSAs) are	NOT permitted for this grant. Check the box below if applying as fiscal agent.
Statutory/Program Assurances	
comply with these assurances. Check each of the following boxes to indicate 1. The applicant provides assurance that p (replace) state mandates, State Board of E applicant provides assurance that state of because of the availability of these funds.	brogram funds will supplement (increase the level of service), and not supplant ducation rules, and activities previously conducted with state or local funds. The r local funds may not be decreased or diverted for other purposes merely The applicant provides assurance that program services and activities to be ary to existing services and activities and will not be used for any services or
—	he application does not contain any information that would be protected by the t (FERPA) from general release to the public.
 3. The applicant provides assurance to ad 2022-2023 Effective Advising Implementa 	here to all the Statutory and TEA Program requirements as noted in the ation Grant Program Guidelines.
—	here to all the Performance Measures, as noted in the xxx Program Guidelines, ny performance data necessary to assess the success of the program.
— ,	ic Information Resources (EIR) produced as part of this agreement will comply rements as specified in 1 TAC 206, 1 TAC Chapter 213, Federal Section 508 vility Guidelines.

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CDN	,	Vendor ID	Amendment #

1. Summary of Program: Provide an overview of the program to be implemented with grant funds.

Vendor ID

Program Requirements, cont'd.

2. **Project Leadership:** a) **EAF Coach** - Who is the EAF Coach and what are their qualifications? What is the process the partner ESC undertook in identifying them and ensuring they have the appropriate time and capacity to provide the necessary support? What percentage of their time will be allocated specifically to your district to support implementation? b) **Project Lead** - Who is the Project Lead and what are their qualifications? What is the process the district undertook to identify them and ensure they have the appropriate time and capacity to provide the necessary support? What percentage of their time is allocated to this project? In addition, please include the district's strategy for supporting the Project Lead in obtaining the necessary support from the steering committee and all stakeholders to effectively lead this project. c) **District Commitment** - Outline the district's commitment to this project. Consider the district commitments of the EAF 2.0 in your response. Describe district leadership's involvement in the planning year and the evidence of support shown for this initiative. In addition, how will the district communicate this initiative to necessary stakeholders in this grant project to ensure buy-in and foster an internal culture of advising?

Vendor ID

Program Requirements, cont'd.

3. Grade-Level Expectations : What is the summary for implementation of the grade-level intervention for a) academic development, for b) career development, for c) personal and social development, and for d) financial literacy? Please include the following in your response for each intervention: the intervention identified to be implemented, the targeted grade-level, number of students, the metrics to be monitored throughout implementation, the EAF levers or essential actions identified to support fidelity of implementation, the key staff (leadership, school counselors or advisors, internal partners, external partners) who will support implementation, the quality tools and resources that will be utilized to support implementation, and the expected student outcomes. Only interventions for students in grades 5-12 will be accepted for this grant application. At least one intervention per area of development should be identified to implement with grant funds.

3. Grade-Level Expectations cont'd.

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Prog	Program Requirements, cont'd.						
interve comm	ention. Include the follow	ving in your respons ngst all stakeholders	for monitoring student progress toward outcomes throughout the grant project for each e: a) the process for monitoring all students participating in the intervention, b) the b, c) the tier 2 intervention strategy for students in need of targeted supports, and d) the tier insive supports.				

5. Budget: How will the proposed budget meet the goals of the proposed program? Include details related to how funds align to the implementation of the identified grade-level expectations. Organize the proposed budget breakdown into the following categories: funds for leadership and planning, school counselors and advisors, internal partners, external partners, and high-quality tools and resources.

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Equitable Access and Participation						
that receive services funded by this program The applicant assures that no barriers funded by this program.	e whether any barriers exist to equitable access and participation for any groups a. exist to equitable access and participation for any groups receiving services participation for the following groups receiving services funded by this grant, as					
Group	Barrier					
Group	Barrier					
Group	Barrier					
Group	Barrier					
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 program?						
⊖Yes ⊖No						
If you answered "No" to the preceding question, stop here. You have completed the section. Proceed to the next page.						
5A: 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.						
\square The LEA assures the appropriate Affirmations of Consultation will be provided to TEA's PNP Ombudsman in the manner and time requested.						
5B: Equitable Services Calculation						
1. LEA's student enrollment						
2. Enrollment of all participating private scho	pols					

3. Total enrollment of LEA and all participating PNPs (line 1 plus line 2)

- 4. Total current-year program allocation
- 5. LEA reservation for direct administrative costs, not to exceed the program's defined limit
- 6. Total LEA amount for provision of ESSA PNP equitable services (line 4 minus line 5)
- 7. Per-pupil LEA amount for provision of ESSA PNP equitable services (line 6 divided by line 3)

LEA's total required ESSA PNP equitable services reservation (line 7 times line 2)

