	3 Effective Advi		•			ne 17, 20	22	
Texas Education Agency ® NOGA ID								
Authorizing legislation								
This LOI application must be submitted via	a email to <b>loiapplicatio</b>	ons@tea.t	exas.gov.			Applica	ation stamp	-in date and time
The LOI application may be signed with a are acceptable.				forms of	signature			
TEA must receive the application by 11:59	p.m. CT, June 17, 202	22.						
Grant period from	August 1, 2022 - A	August	31, 2023					
Pre-award costs permitted from	Pre-Award C	osts Are	Not Pern	nitted				
<b>Required Attachments</b> (linked alon Excel workbook with the grant's budgets)		ΓΕΑ Grants	Opportunit	ies page				
Amendment Number								
Amendment number (For amendme	ents only; enter N/A	when co	mpleting	this for	m to app	ly for grar	nt funds):	
Applicant Information								
Organization	C	DN	Cam	npus		ES	C DI	JNS
Address		City			ZIP	V	endor IC	
Primary Contact	Email						Phone	
Secondary Contact	Email						Phone	
<b>Certification and Incorporation</b>								
I understand that this application colbinding agreement. I hereby certify than that the organization named abbinding contractual agreement. I certain compliance with all applicable feders.	that the information ove has authorized i tify that any ensuing	contain me as its g progra	ed in this a represent m and act	applica ative to	tion is, to obligate	the best of this orga	of my kno nization	owledge, correct in a legally
I further certify my acceptance of the and that these documents are incorp	•	•		<b>J</b> .				• •
LOI application, guidelines, and i	nstructions			☐ Deb	arment a	nd Susper	nsion Cei	rtification
☐ General and application-specific	Provisions and Assu	rances		☐ Lobl	oying Cer	tification		
Authorized Official Name				] Title				
Email					Phone			

Date

Signature

RFA # 701-22-110 SAS # 629-23

CD	ON Vendor ID	Amendment #	
Sh	nared Services Arrangements		
	Shared services arrangements (SSAs) are	NOT permitted for this grant. Check the box below if applying as fiscal ag	jent.
Sta	atutory/Program Assurances		
		am. In order to meet the requirements of the program, the applicant must	
	mply with these assurances. neck each of the following boxes to indicate	e vour compliance	
	1. The applicant provides assurance that per (replace) state mandates, State Board of Ecapplicant provides assurance that state or because of the availability of these funds.	program funds will supplement (increase the level of service), and not supplated ducation rules, and activities previously conducted with state or local funds. It local funds may not be decreased or diverted for other purposes merely. The applicant provides assurance that program services and activities to be arry to existing services and activities and will not be used for any services or	. The
		the application does not contain any information that would be protected by the (FERPA) from general release to the public.	y the
	3. The applicant provides assurance to adh 2022-2023 Effective Advising Implementat	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 Guideline ny performance data necessary to assess the success of the program.	es,
		ic Information Resources (EIR) produced as part of this agreement will compl rements as specified in 1 TAC 206, 1 TAC Chapter 213, Federal Section 508 oility Guidelines.	ly

CDN		Amendment #
Prog	gram Requirements	the program to be implemented with grant funds.
i. Sui	Tillinary of Program. Provide an overview of	une program to be implemented with grant funds.

CDN		Vendor ID		Amendment #
Prog	ram Req	uirements	, cont'd.	
under their of provious support project response	took in ider time will be qualification de the nece orting the Prot. c) Distr onse. Descri e district co	ntifying them a allocated spe s? What is th ssary support roject Lead in rict Commitn be district lea	and ensuring they had cifically to your distrible process the distrible? What percentage a obtaining the necessinent - Outline the distributions involveme	is the EAF Coach and what are their qualifications? What is the process the partner ESC are the appropriate time and capacity to provide the necessary support? What percentage of ct to support implementation? b) <b>Project Lead</b> - Who is the Project Lead and what are t undertook to identify them and ensure they have the appropriate time and capacity to of their time is allocated to this project? In addition, please include the district's strategy for sary support from the steering committee and all stakeholders to effectively lead this strict's commitment to this project. Consider the district commitments of the EAF 2.0 in your not in the planning year and the evidence of support shown for this initiative. In addition, how sary stakeholders in this grant project to ensure buy-in and foster an internal culture of

CDN		Vendor ID		Amendment #
Prog	ram Req	uirements	, cont'd.	
for earthrough couns utilize	er developn ach interven ghout imple selors or ad ad to suppor	nent, for c) p tion: the inter mentation, the visors, interna t implementar	personal and social vention identified to lee EAF levers or esse al partners, external tion, and the expecte	mary for implementation of the grade-level intervention for <b>a</b> ) <b>academic development</b> , for <b>b</b> ) <b>development</b> , and for d) <b>financial literacy?</b> Please include the following in your response be implemented, the targeted grade-level, number of students, the metrics to be monitored ential actions identified to support fidelity of implementation, the key staff (leadership, school partners) who will support implementation, the quality tools and resources that will be ed student outcomes. Only interventions for students in grades 5-12 will be accepted for area of development should be identified to implement with grant funds.

CDN	Vend	dor ID	Amendment #		
Prog	gram Requiren	nents, cont'd.			
3. <b>G</b>	. Grade-Level Expectations cont'd.				

CDN		Vendor ID		Amendment #
Prog	ram Req	uirements	s, cont'd.	
interv comr	rention. Incl nunication s	ude the follow strategy amor	ving in your respons	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 , c) the tier 2 intervention strategy for students in need of targeted supports, and d) the tier nsive supports.
imple	mentation of	of the identifie	ed grade-level exped	ne goals of the proposed program? Include details related to how funds align to the stations. Organize the proposed budget breakdown into the following categories: funds for dvisors, internal partners, external partners, and high-quality tools and resources.

CDN	Vendor ID			Amen	ndment #
<b>Equitable A</b>					
that receive se The app funded Barriers	rvices funded licant assures by this progra	by this program that no barriers am.	exist to ed	any barriers exist to equitable access and participation for quitable access and participation for any groups receiving on for the following groups receiving services funded by	g services
Group			Barrier		
Group			Barrier		
Group			Barrier		
Group			Barrier		
<b>PNP Equitab</b>	le Services				
Are any privat	e nonprofit sc	hools located wit	thin the ap	pplicant'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.					
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.					
5B: Equitabl	e Services C	alculation			
1. LEA's stude	nt enrollment				
2. Enrollment of all participating private schools					
3. Total enrollment of LEA and all participating PNPs (line 1 plus line 2)					
4. Total current-year program allocation					
5. LEA reserva	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)					
	LE	A's total require	ed ESSA F	PNP equitable services reservation (line 7 times line 2	)

CDN	Vendor ID	Amendment #
Appendix I: An	nendment Description a	nd Purpose (leave this section blank when completing the initial application for funding)
"When to Amer be submitted fo authorized offic of the application	nd the Application" docum or an amendment: (1) Pag sial's signature and date, ( on or budget affected by t	the program plan or budget is altered for the reasons described in the ent posted on the Administering a Grant page. The following are required to e 1 of the application with updated contact information and current 2) Appendix I with changes identified and described, (3) all updated sections he changes identified below, and, if applicable, (4) Amended Budget nore details can be found on the last tab of the budget template.  You may duplicate this page
Amended Secti	on	Reason for Amendment