	Effective Advisiterest (LOI) Applic	_	•			2	
Texas Education Agency NOGA ID			-				
Authorizing legislation							
This LOI application must be submitted via e	email to loiapplication	ıs@tea.texas	.gov.		Applicati	on stamp-in da	ite and time
The LOI application may be signed with a di are acceptable.	gital ID or it may be sig	ned by hand	. Both forms of	signature			
TEA must receive the application by 11:59 p	o.m. CT, June 24, 2022	<b>.</b> .					
Grant period from	August 1, 2022 - Ai	ugust 31, 2	023				
Pre-award costs permitted from	Pre-Award Co	sts Are No	Permitted				
Required Attachments (linked along	with this form on the TE	A Grants Opp	ortunities page				
Excel workbook with the grant's budge Attachment 1: Program Agreement	et schedules						
Amendment Number							
Amendment number (For amendmen	nts only; enter N/A w	hen compl	eting this for	m to appl	y for grant	funds):	
Applicant Information							
Organization	CD	N	Campus		ESC	DUNS	
Address		City		ZIP	Ve	ndor ID	
Primary Contact	Email				F	hone	
Secondary Contact	Email				F	hone	
Certification and Incorporation							-
I understand that this application considered binding agreement. I hereby certify the and that the organization named above binding contractual agreement. I certicompliance with all applicable federal	at the information c ve has authorized m fy that any ensuing	contained ir e as its repi program ar	this applicates to the sentative to the sentative to the sentative to the sentative will be sententially applicated as the sentential sententia	tion is, to to obligate	the best of this organ	my knowle ization in a	edge, correct legally
I further certify my acceptance of the rand that these documents are incorpo	•	•	• .				• •
☐ LOI application, guidelines, and ins	structions		☐ Deb	arment ar	nd Suspens	ion Certific	ation
General and application-specific P	rovisions and Assura	ances	☐ Lobl	oying Cert	tification		
Authorized Official Name			Title				
Email				Phone			

Signature

RFA # 701-22-109 SAS # 701A-23

Date

CDN Vendor ID	Amendment #	
Shared Services Arrangements		
Shared services arrangements (SSAs) are	permitted for this grant. Check the box below if applying as fiscal agent.	
into a written SSA agreement descri	lication is the fiscal agent of a planned SSA. All participating agencies will ento ibing the fiscal agent and SSA member responsibilities. All participants es Arrangement Attachment" must be completed and signed by all SSA fore the NOGA is issued.	er
Statutory/Program Assurances		
The following assurances apply to this progracomply with these assurances.	am. In order to meet the requirements of the program, the applicant must	
(replace) state mandates, State Board of E applicant provides assurance that state or because of the availability of these funds.	program funds will supplement (increase the level of service), and not supplant ducation rules, and activities previously conducted with state or local funds. It is recall 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	
	the application does not contain any information that would be protected by the (FERPA) from general release to the public.	the
<ul> <li>3. The applicant provides assurance to ad 2022-2023 Effective Advising Planning for</li> </ul>	here to all the Statutory and TEA Program requirements as noted in the r New Coaches Program Guidelines.	
	here to all the Performance Measures, as noted in the 2022-2023 Effective ram Guidelines, and shall provide to TEA, upon request, any performance data gram.	a
	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 bility Guidelines.	у

CDN		Vendor ID		Amendment #
		uirements		
1. Sum Individ	nmary of Pro ual student	ogram: Provide planning syst	e an overview of the tems in the context o	program to be implemented with grant funds. Describe how the program will improve of comprehensive school counseling programs.
	aa. 5.5.a5	, p.ag		. compressions conserved programs

CDN		Vendor ID		Amendment #	
Prog	ıram Req	uirements	, cont'd.		
2. B	udget Justifi	cation - desc	ribe how the propos the proposed budge	ed budget will meet the needs and goals of the program. Please include justification for t	the
Брее			The proposed budge		

CDN		Vendor ID		Amendment #
Prog	ram Req	uirements	, cont'd.	
the E of tim 100% strate	SC ensure to the EAF (b. B) How was gy will be for	the EAF Coad Coach will be will the ESC no Illowed if the	ch has the necessary allocated to this proj nonitor the performa ESC recognizes the	overview of the ESC's strategy for overseeing this project. Include the following: A) How will a resources to successfully complete all grant requirements? Include a specific percentage ect as well as the percentage of time they are allocated to other projects, not to exceed not of the EAF Coach and track progress toward grant deliverables? What protocol and EAF Coach is at risk? What protocol and strategy will be followed if the ESC is notified by the ESC ensure the grant project is integrated with other internal efforts?

CDN		Vendor ID		Amendment #
Prog	ram Req	uirements	, cont'd.	
serve B) V delive	e as the EAF Vhat is the to erables of th	F Coach for paraining and co nis project? Ho	articipating districts a ommunication stratec	the EAF Coach's strategy for implementing this project. Include the following: <b>A)</b> Who will and why did you choose this person to serve in this role? Please detail their qualifications. By the EAF Coach will use to ensure participating districts fulfill their commitments to the ch monitor progress toward completion of deliverables? How will an EAF Coach intervene, if the entry of the entry o

CDN	Vend	dor ID	Amendment #					
Prog	ram Require	ments, cont'd.						
An ou project partne neces	5. District Success - provide an overview of the ESCs strategy for selecting and coaching partner school districts. Include the following: A) An outline of the process you undertook to select partner districts, considering key elements such as current initiatives, participation in other projects, district and/or campus level leadership, etc., if any, that informed the selection. B). Who is the identified Project Lead at each partner district and what are their qualifications to serve as Project Lead. Also include the strategy for ensuring the Project Lead has the necessary resources to successfully complete grant deliverables. C) Attached Program Agreements with each identified partner district demonstrating their commitment to participate in the project.							

CDN	Vendor ID			Amen	idment #
<b>Equitable Ac</b>	cess and Particip	ation			
that receive se The app funded Barriers	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 program.  The applicant assures that no barriers exist to equitable access and participation for any groups receiving services funded by this program.  Barriers exist to equitable access and participation for the following groups receiving services funded by this grant, as described below.				
Group	Group Barrier				
Group			Barrier		
Group			Barrier		
Group			Barrier		
<b>PNP Equitab</b>	le Services				
Are any private	e nonprofit schools	located wit	nin the applica	ant's boundaries?	
○ Yes	○No				
•	d "No" to the precedir e nonprofit schools		=	have completed the section. Proceed to the next page. am?	
○ Yes	○No				
If you answered	d "No" to the precedir	ng question,	stop here. You	have completed the section. Proceed to the next page	•
5A: Assurance	es				
Section The LEA mannel	8501(c)(1), as applic A assures the appropr r and time requested	cable, with oriate Affirn d.	all eligible priv	uirements as listed in Section 1117(b)(1) and/or rate nonprofit schools located within the LEA's bour sultation will be provided to TEA's PNP Ombudsman	
5B: Equitable	e Services Calcula	ation			
1. LEA's stude	nt enrollment				
2. Enrollment	of all participating p	orivate scho	ols		
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 LE	7. Per-pupil LEA amount for provision of ESSA PNP equitable services (line 6 divided by line 3)				
	LEA's to	tal require	d ESSA PNP e	quitable services reservation (line 7 times line 2)	

CDN	Vendor ID	Amendm	ient #
Appendix I: A	mendment Description a	— nd Purpose (leave this section blank when completing the initial application fo	or funding)
An amendme "When to Ame be submitted authorized off of the applica	nt must be submitted when end the Application" docum for an amendment: (1) Pag icial's signature and date, ( tion or budget affected by the endment Instructions with m	the program plan or budget is altered for the reasons described in ent posted on the Administering a Grant page. The following are ree 1 of the application with updated contact information and current 2) Appendix I with changes identified and described, (3) all update the changes identified below, and, if applicable, (4) Amended Budget ore details can be found on the last tab of the budget template.  You may duplicate this page  Reason for Amendment	the equired to
DEA # 701 22	-100 CAS # 701A-23	2022-2023 Effective Advising Planning for New Coaches	Page 0 of 0