

## 2024-2025 Stronger Connections Grant Competitive Grant Application: Due 11:59 p.m. CT, July 18, 2023

NOGA ID							Applic	ation stamp	in date and time
EA will only accept grant application documents by <b>email</b> , including competitive rant applications and amendments as llows:									
Competitive grant applications and amendme competitivegrants@tea.texas.gov.	ompetitive grant applications and amendments to ompetitivegrants@tea.texas.gov.								
The application MUST bear the signature of a applicant to a contractual agreement	person a	uthori	zed to bind t	the					
Authorizing legislation: PL 117-159 Bipartisa	n Safer Co	ommun	ities Act Title	II Sch	nool In	nprove	ement	Programs	s, BSCA
Grant period: From 11/15/2023 to 09/30/202	25	Pı	e-award co	sts:	ARE	NOT	permi	tted for t	his grant
Required attachments: N/A									
Amendment Number									
Amendment number (For amendments only;	enter N/A	when	completing	this f	orm to	о арр	ly for	grant fur	nds):
1. Applicant Information									
Name of organization									
Campus name	CDN		Vendor ID			E	sc	UEI	
Address		City			ZIP			Phone	
Primary Contact	Email							Phone	
Secondary Contact	Email							Phone	
2. Certification and Incorporation									
understand that this application constitutes an offer and, if accepted by TEA or renegotiated to acceptance, will form 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 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.  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  Ceneral Provisions and Assurances  ESSA Provisions and Assurances requirements									
Authorized Official Name	Title		Em	nail 🗌					
Phone Signature Theodore	2 Timm	ıS						Date	
Grant Writer Name Since Grant writer is an employee of the applicant organization.	gnature ganization.		dore Time Grant writer is		an en	nploye	ee of th	Date	ınt organization.
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REA/SAS # 701-23-120/634-24	2	U34-30	125 Stronger	Conr	ection	ns Gr	ant		Page 1 of 1

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	ared Service			
Share	ed services arra	angeme	ents (SSAs) <b>are no</b>	ot permitted for this grant.
4. Ide	entify/Addres	s Need	ds	
_ist u	p to three quan	tifiable	needs, as identifie	ed in your needs assessment, that these program funds will address.
Descr			essing each need.	
	Quant	ifiable	Need	Plan for Addressing Need
	IART Goal	ativa SN	MART goal you hav	ve identified for this program (a goal that is Specific, Measurable,
				ated to student outcome or consistent with the purpose of the grant.
6. Me	asurable Prog	ress		
			t you will use at the	e end of the first three grant quarters to measure progress toward
	-		·	s defined for the grant.
First	-Quarter Bend	hmark		
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6. Measurable Progress (Cont.)	
Second-Quarter Benchmark	
Third-Quarter Benchmark	
7. Project Evaluation and Modific	cation
	lluation data to determine when and how to modify your program. If your pals do not show progress, describe how you will use evaluation data to
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CDN		Vendor ID			Amend	ment #
8. Sta	atutory/l	Program As	ssurances	;		
	•	assurances a vith these ass		grant p	program. In order to meet the requirements of the grant, the	grantee
Checl	k each of	the following	boxes to in	ndicate	your compliance.	
(repapped) the	place) sta plicant pro availabilit ant will be	te mandates, s vides assuran ty of these fun	State Board of the state of the	of Educ or loca icant pr services	ram funds will supplement (increase the level of service), and not seation rules, and activities previously conducted with state or local ful funds may not be decreased or diverted for other purposes merel rovides assurance that program services and activities to be funded and activities and will not be used for any services or activities recall policy.	unds. The ly because of d from this
					pplication does not contain any information that would be protected ERPA) from general release to the public.	d by the
□ Ме	asures, a	s noted in the	2024–2025	Stronge	e to all Statutory Requirements, TEA Program Requirements, and For Connections Grant Program Guidelines, and shall provide the Teance data necessary to assess the success of the grant program.	
inte	ermediate, gned to the s few than	/middle schoo e training and three campus	I, one high so support prov ses or does r	chool) to rided by not have	ent Support Program at three district campuses (one elementary, or o address school climate and establish a student support team struent the Texas Center for Student Supports and the regional ESC. If the three of the listed types of campuses, the applicant will establish in structure at all campuses, up to three, served in the district.	ucture ne applicant
┌ ES	C. Compl	ete the transa	ction with the	e region	ands for contracted services for technical assistance provided by the last ESC in a timely manner. Time is of the essence in completing the ciently and effectively to successfully achieve the goals of the programmer.	ne transaction
☐ Te	xas Cente essence	r for Student S	Support and the transacti	TEA. C	funds for professional and contracted services with a partner appro omplete the transaction with the regional ESC in a timely manner. nsure that the program is implemented efficiently and effectively to	Time is of
bui imp	7. The applicant will use the family engagement playbook developed by the Texas Center for Student Supports to partner and build support with parents and families prior to a student support team assessment, and during the student support implementation process to facilitate a student support partnership with families.  8. The applicant will establish a parent, student, and staff advisory committee to provide input on the establishment of the Student Support Program.					
					t Program planning activities from the beginning of the grant progra 025 school year.	am through
					at the beginning of the 2024-2025 school year, the Student Support the Texas Center for Student Supports.	rt Program
					agement system into the student support team structure aligned to Student Supports.	the training
					t team structure with behavioral threat assessment team operation ported and that the effectiveness of interventions are monitored.	and
Supstu out	pports to o dent supp comes (e dents, red	gather and ana ort team struc g. increase in	alyze data to ture, quality student sup plinary incide	monito of supp port tea ents, re	ction and reporting system developed by the Texas Center for Studie refficacy of the implementation of the Student Support Program, in port leading to positive outcomes, and data related to increases in a referrals for nonacademic needs, increase in effective supports duction in bullying and harassment, increase in referrals for mental .).	ncluding lesired received by
					to requests from TEA for information and data regarding program of ion measures.	development,
	EA Use Or ments on t		been confirm	ed with	by of TEA by phone / fax / email on _	
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9. Statutory	// TEA Program	Requiremer	nts	
			uses that will participate in the establishment of the Student Supp? Include the criteria or considerations that will influence the dete	
2.Describe I		sure that cam	npus leaders and staff are committed to the success of the St	udent
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			equirements (C	
3. Des	scribe how the	E LEA w	vill engage parent	s and families to solicit support for the program.
4. Des	scribe how the	LEA w	vill ensure that the	ere is adequate staff to support the establishment and implementation of
the St	udent Suppor	t Progra	am.	
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CDN	Vendor ID		Amendr	nent #
9. Statutory	//Program Requi	rements (C	Cont.)	
			be supported by the grant program, if awarded, currently cond campus will incorporate current systems into the student supp	
			student support needs and how it identifies and establishes behavioral health providers to meet student needs.	
partiferships	with external ment		benavioral nealth providers to meet student needs.	
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9. St	tatutory	//Program R	equirem	ents (Co	nt.)		
					ith the regional ESC to support improvement in st alth and wellbeing, and improving academic outco		١,
					ogram to supplement current work to improve ser		
for t	ne ment	al health, beha	Vioral and	d emotion	al health, and physical health and wellness of stud	lents.	$\neg$
9. Er	iter the L	.EA Total Enro	lment:				
10. E	nter the	Regional Educ	ational So	ervice Cei	ter that serves the LEA:		
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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 barrier	s exist to equitable access and participation for any gro	oups receiving				
services funded by this grant. Barriers exist to equitable access and	participation for the following groups receiving service	s funded by this				
grant, as described below.						
Group	Barrier					
Group	Barrier					
Group	Barrier					
Group	Barrier					
11. PNP Equitable Services						
Are any private nonprofit schools located w	thin the applicant's boundaries?					
○Yes ○No						
If you answered "No" to the preceding quespage.	tion, stop here. You have completed the section. Proce	ed to the next				
Are any private nonprofit schools participat	ng in the grant?					
○Yes ○No	tion of a long New house consults of the continue Dance					
page.	tion, stop here. You have completed the section. Proce	ea to the next				
Assurances						
	l consultation requirements as listed in Section 1117(b) th all eligible private nonprofit schools located within the	, , ,				
	irmations of Consultation will be provided to TEA's PNF					
the manner and time requested.						
Equitable Services Calculation						
<ol> <li>LEA's student enrollment</li> <li>Enrollment of all participating private sch</li> </ol>	aala					
3. Total enrollment of LEA and all participa	ling PNPs (line 1 plus line 2)					
Total current-year grant allocation						
5. LEA reservation for direct administrative	costs, not to exceed the grant'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 ES	SSA PNP equitable services (line 6 divided by line 3)					
LEA's total required ESS	A PNP equitable services reservation (line 7 times	line 2)				
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	st for Grant F		
budgeted for	r each activity. (	Group similar acti <sup>,</sup>	s for which you are requesting grant funds. Include the amounts vities and costs together under the appropriate heading. During our planned expenditures on a separate attachment provided by TEA.
Payroll Cos	•	2 ,	
1.			
2.			
3.			
4.			
5.			
Professiona	al and Contract	ted Services	
3. Required (	6% of funds for	technical assistar	nce provided by the regional ESC
7. Required	10% of funds to	the Texas Cente	er for Student Supports
8.			
9.			
10.			
Supplies ar	nd Materials		
11.			
12.			
13.			
Other Opera	ating Costs		
15.			
16.			
17.			
Debt Servic	es		
18.			
19.			
Capital Out	lay		
20.			
			Direct administrative costs:
			Indirect administrative costs:
			TOTAL GRANT AWARD REQUESTED:
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	701-23-120/63		by of TEA by phone / fax / email on  2024-2025 Stronger Connections Grant Page 10 of 1
11 1/10/10 #	101-23-120/03	/T-24	2024-2020 Stronger Confidencial Grant Trage 10 01

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Appendix I: Negotiation and Amendmer	its
Leave this section blank when completing the	· ·
"When to Amend the Application" document be mailed OR faxed (not both). <b>To fax:</b> one of attachments), along with a completed and sign copies of all sections pertinent to the amenda page 1, to the address on page 1. More deta template.	program plan or budget is altered for the reasons described in the posted on the Administering a Grant page of the TEA website and may copy of all sections pertinent to the amendment (including budget gned page 1, to either (512) 463-9811 or (512) 463-9564. <b>To mail:</b> three ment (including budget attachments), along with a completed and signed iled amendment instructions can be found on the last page of the budget <b>You may duplicate this page.</b>
	sh to amend from the drop down menu on the left. In the text box on the
right, describe the changes you are making a	· · · · · · · · · · · · · · · · · · ·
•	or amended application. If you are requesting a revised budget, please
include the budget attachments with your an <b>Section Being Negotiated or Amended</b>	Negotiated Change or Amendment
Coolinia Bolling Regionaliza of America	regulated change of Americanonic
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