CDN Vendor ID		Amendment #	
Shared Services Arrangeme	ents		
SSAs are not permitted for	r this grant.		
dentify/Address Needs			
ist up to three quantifiable nee your plan for addressing each ne		your needs assessment, that these program funds will address. Describe	
Quantifiable Nec	ed	Plan for Addressing Need	
SMART Goal			
		ntified for this program (a goal that is Specific, Measurable, Achievable, tcome or consistent with the purpose of the grant.	
For TEA Use Only:			
Adjustments on this page have be	en confirmed with	by of TEA by phone / fax / email on	

CDN	Vendor ID		



Statutory/Program Requirements

2. Provide a description of the year-long, full-time residency, including sustained and rigorous clinical learning in an authentic school setting; substantial leadership responsibilities such as the ability to address and resolve a significant problem/challenge in the school that influences practice and student learning; the skills needed to establish and support effective and continuous professional development with assigned teaching staff; and the ability to facilitate stakeholders' efforts to build a collaborative team within the school to improve instructional practice, student achievement, and the school culture.

The district will partner with The University of Texas at Tyler (IHE/EPP) for the principal preparation program. The Master's Degree in Educational Leadership (leading to principal certification) at UT-Tyler provides sustained and rigorous clinical learning in an authentic setting under the joint supervision of a mentor principal, field supervisor, and faculty of UT-Tyler
For TFA Use Only:

Adjustments on this page have been confirmed with _ _ of TEA by phone / fax / email on by _

CDN	Vendor ID	Amendment #

CDN	Vendor ID				Amendment #
	VCHOOLID				Amendment#
For TEA Us	e Only: on this page have been co	enfirmed with	bv	of TEA by phone / fa	v / omail on

CDN Vendor ID		Amendment #
Request for Grant Funds		
Matched amount (numbe	er of principal residents participating in program x \$15,000))
Group similar activities and costs together und	r which you are requesting grant funds. Include the amounts bo der the appropriate heading. During negotiation, you will be re enditures on a separate attachment provided by TEA.	
PAYROLL COSTS (6100)		BUDGET

For TEA Use Only:		
Adjustments on this page have been confirmed with	by	of TEA by phone / fax / email on

CDN		Vendor ID		Amendr	ment #
Appe	endix I:	 Vegotiation	and Amendmer	_ nts (leave this section blank when completing the initial application for	r funding)
An ar Amer faxed	nendme nd the Ap (not bo	nt must be supplication" do this. To fax: o	ubmitted when the cument posted or ne copy of all sec	e program plan or budget is altered for the reasons described in the on the Administering a Grant page of the TEA website and may be mostions pertinent to the amendment (including budget attachments), a 2) 463-9811 or (512) 463-9564. To mail: three copies of all sections	"When to ailed OR along with a
_					
For T Adjus	EA Use stments o	Only: n this page ha	ve been confirmed	with by of TEA by phone / fax / email on _	
RFA/	SAS#	701-20-128/	276-21	2021-2022 Principal Residency Grant Program, Cycle 4	Page of