|  |                         | 23 Title I, 1003 ESF-Focused Support Grant<br>Interest (LOI) Application Due 11:59 p.m. CT, Ap | ril 21, 2021           |  |
|--|-------------------------|--|------------------------|--|
|  | NOGA ID                 |  |                        |  |
| Authorizing legislatio   | n Elementar<br>Improvem | ry and Secondary Education Act (ESEA), P.L. 114-95<br>ent                                      | , Section 1003, School |  |
| This LOI application mus   | t be submitted          | via email to loiapplications@tea.texas.gov.  |                        |  |
| The LOI application may be signed with a digital ID or it may be signed by hand. Both forms of signature are acceptable.   |                         |  |                        |  |
| TEA must receive the ap  | olication by <b>11:</b> | 59 p.m. CT, April 21, 2021   |                        |  |
| Grant period from  |                         | June 8, 2021-September 30, 2023  |                        |  |
| Pre-award costs permitted from   |                         | Award Date   |                        |  |
| Required Attachments   |                         |  |                        |  |
| <ol> <li>Excel workbook with the grant's budget schedules (linked along with this form on the TEA Grants Opportunities page)</li> <li>Pathway 1: Pathway 1 Supplemental Pathway Attachment</li> <li>Pathway 2: Pathway 2 Supplemental Pathway Attachment</li> <li>NOTE: All applicants MUST submit an appropriate Supplemental Pathway Attachment for EACH CAMPUS on behalf of which the applicant is applying.</li> </ol> |                         |  |                        |  |
| Amendment Number   |                         |  |                        |  |
| Amendment number (For amendments only; enter N/A when completing this form to apply for grant funds):  |                         |  |                        |  |

# **Applicant Information**

Organization

K. P. Ma ....

| CDN |  | Vendor ID |  |
|-----|--|-----------|--|
|-----|--|-----------|--|

CDN

### Statutory/Program Assurances, cont'd.

- ☐ 10. The applicant will identify a campus leader, on each awarded campus, who will be responsible for managing the grant project.
- □ 11. The applicant will provide access to TEA and its Vetted Improvement Partners for on-site visits to the district and campus(es) as appropriate.
- □ 12. The applicant will attend and participate in grant orientation meetings, technical assistance meetings, other periodic meetings of grantees, and sharing of best practices through the TEA program office.
- □ 13. The applicant provides assurance it will participate in all grant requirements including but not limited to an ESF Self-Assessment, and ESF Diagnostic, developing a web-based improvement plan, submission of funding and pathway progress reports.

| CDN Vendor ID Amendment # |
|---------------------------|
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#### Summary of Program

1. Describe how the LEA will support campus(es) in carrying out school support and improvement activities, including how the LEA will develop a web-based improvement plan for the eligible campuses selected for this grant.

## Goals, Objectives, and Strategies, Performance and Evaluation

1. Describe how the LEA will modify, as appropriate, practices and policies to provide operational flexibility to the awarded campus, that enables full and effective implementation of the Effective Schools Framework Essential Actions aligned webbased Improvement Plan.

| CDN Vendor ID |  |
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## **Budget Narrative**

**1.** Describe how the proposed budget will meet the needs and goals of the program, including for staffing, supplies and materials, contracts, travel, etc. If applicable, include a high-level snapshot of funds currently allocated to similar programs. Include a short narrative describing how adjustments will be made in the future to meet needs.

| Budget N | larrative, cont'd. |             |
|----------|--------------------|-------------|
| CDN      | Vendor ID          | Amendment # |

2. Describe how the LEA will align other Federal, State, and local resources to carry out the activities supported with funds received under this grant.

| CDN Vendor ID  |                 | Amendment #   |  |  |
|--|-----------------|---|--|--|
| <b>Equitable Access and Part</b>   | icipation       |   |  |  |
|  |                 | any barriers exist to equitable access and participation for any groups |  |  |
| that receive services funded b   | y this program. |   |  |  |
| The applicant assures that no barriers exist to equitable access and participation for any groups receiving services funded by this program.<br>Barriers exist to equitable access and participation for the following groups receiving services funded by this grant, as described below. |                 |   |  |  |
| Group  | Barrier         |   |  |  |