

Schedule Status:

Discretionary Non-Competitive

Form ID:



SAS#: TCLASG22

Organization:
Campus/Site:
Vendor ID:

County District:
ESC Region:
School Year: 2021-2022

2021-2024 Texas COVID Learning Acceleration Supports (TCLAS)

General Information GS2000 - Certify and Submit

Due: 10/29/2021 05:00 PM
Application Status:

Amendment #:
Version #:

Description	Required	Status	Last Update
General Information			
GS2100 - Applicant Information	*	New	
Program Description			
PS3013 - Program Plan	*	New	
PS3400 - Equitable Access and Participation	*	New	
Program Budget			
BS6001 - Program Budget Summary and Support	*	New	
BS6101 - Payroll Costs	*	New	
BS6201 - Professional and Contracted Services	*	New	
BS6401 - Other Operating Costs	*	New	
BS6501 - Debt Services	*	New	
BS6601 - Capital Outlay	*	New	
Provisions Assurances and Certifications			
CS7000 - Provisions, Assurances and Certifications	*	New	

Certification and Incorporation Statement (Only the legally responsible party may submit this Application.)

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 a legally binding contractual agreement. I further certify that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations; application guidelines and instructions; the general provisions and assurances, debarment and suspension certification, lobbying certification requirements, special provisions and assurances, and the schedules submitted. It is understood by the applicant that this application constitutes an offer and, if accepted by the Texas Education Agency or renegotiated to acceptance, will form a binding agreement.

Authorized Official

Select Contact: or

First Name: _____ Initial: _____ Last Name: _____ Title: _____

Phone: _____ Ext: _____ E-Mail: _____

Submitter Information

First Name: _____ Last Name: _____

Approval ID: _____ Submit Date and Time: _____



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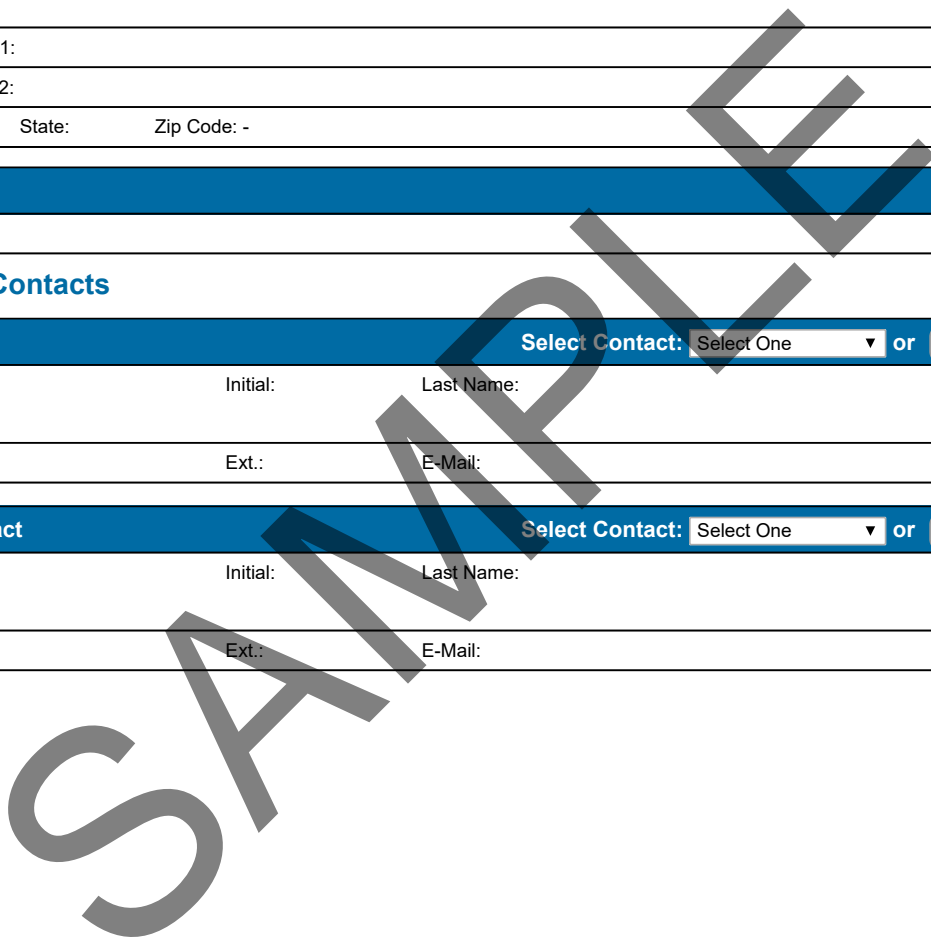
General Information
GS2100 - Applicant Information

Part 1: Organization Information

A. Applicant
Organization Name:
Mailing Address Line 1:
Mailing Address Line 2:
City: State: Zip Code: -
B. DUNS Number
DUNS Number:

Part 2: Applicant Contacts

A. Primary Contact	Select Contact: <input type="text" value="Select One"/> or <input type="button" value="Add New Contact"/>
First Name: Initial: Last Name:	
Title:	
Telephone: Ext.: E-Mail:	
B. Secondary Contact	Select Contact: <input type="text" value="Select One"/> or <input type="button" value="Add New Contact"/>
First Name: Initial: Last Name:	
Title:	
Telephone: Ext.: E-Mail:	



2021-2024 Texas COVID Learning Acceleration Supports (TCLAS)**Program Description
PS3013 - Program Plan****A. Required Assurances**

1. Select the following checkboxes to indicate your compliance with the required assurances.

- The applicant assures that the LEA understands that if the decision point commitments are not met by the LEA or the LEA disengages with the supports/initiatives provided, the TEA reserves the right to terminate the LEA's membership in the grant program.
- The applicant assures that the LEA superintendent has approved participation in all supports that the LEA applies to in the application.
- The applicant assures that the LEA Chief Academic Officer (or equivalent leader) has approved participation.
- The applicant assures that the LEA commits to the assurances outlined by decision point for which the LEA has accepted an award.
- The applicant assures they will adhere to the limit on Direct Administration (as applicable) outlined in the TCLAS Guidance Document and the Program Guidelines.

SAMPLE



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Program Description PS3400 - Equitable Access and Participation

Part 1: Equitable Access and Participation

Help

Indicate below whether any barriers exist to equitable access and participation for any groups that receive services funded by this grant.

- The applicant assures that no barriers exist to equitable access and participation for any groups receiving services funded by any grant within this application.
- Barriers exist to equitable access and participation for the following groups receiving services funded by any grant within this application, as described below.

Barriers	
Group	Description
1. <input type="text" value="Select One"/>	

Add Line

Remove Line





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**Program Budget
BS6001 - Program Budget Summary and Support**

Statutory Authority: American Rescue Plan (ARP) Act of 2021, Section 2001, ESSER III Fund; and GAA, Article IX, Section 18.15, TCLAS

Part 1: Available Funding

[View List of SSA Members](#)

Available Funding		
Description	TCLAS-ESSER III	TCLAS-GR
1. Fund/SSA Code	279	429
2. Planning Amount		
3. Final Amount		
4. Carryover		
5. Reallocation		
Total Funds Available		

Part 2: Budget Summary

A. Budgeted Costs			
Description	Class/ Object Code	TCLAS-ESSER III	TCLAS-GR
1. Consolidated Administrative Funds		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. Payroll Costs	6100		
3. Professional and Contracted Services	6200		
4. Supplies and Material	6300		
5. Other Operating Costs	6400		
6. Debt Services	6500		
7. Capital Outlay	6600		
8. Operating Transfers Out	8911		
Total Direct Costs			
9. Indirect Costs			
Total Budgeted Costs			
Total Funds Available Minus Total Costs			
10. Payments to Member Districts of SSA	6493		

B. Breakout of Direct Admin Costs

Part 2B Breakout of Direct Admin Costs is hidden because it does not apply to the funding source(s) for this grant application.



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**Program Budget
BS6101 - Payroll Costs**

Part 1: Total Payroll Costs

Payroll costs entered on BS6001		
Total Payroll Costs	TCLAS-ESSER III	TCLAS-GR

Part 2: Number and Type of Positions

A. Administrative Support or Clerical Staff		
Position Type	TCLAS-ESSER III	TCLAS-GR
1. Administrative support or clerical staff (integral to program)		

B. LEA Positions		
Position Type	TCLAS-ESSER III	TCLAS-GR
1. Professional staff	<input type="checkbox"/>	<input type="checkbox"/>
2. Paraprofessionals	<input type="checkbox"/>	<input type="checkbox"/>
3. Administrative support or clerical staff (paid by LEA indirect cost)	<input type="checkbox"/>	<input type="checkbox"/>

C. Campus Positions		
Position Type	TCLAS-ESSER III	TCLAS-GR
1. Professional staff	<input type="checkbox"/>	<input type="checkbox"/>
2. Paraprofessionals	<input type="checkbox"/>	<input type="checkbox"/>
3. Administrative support or clerical staff (paid by LEA indirect cost)	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Substitute, Extra-Duty, Benefits

Substitute, Extra-Duty, Benefits	Any Fund Source
1. For schoolwide personnel (includes staff salary, extra-duty pay/beyond normal hours, and substitutes for staff positions at schoolwide campuses)	<input type="checkbox"/>
2. Extra duty pay/beyond normal hours for positions not indicated above	<input type="checkbox"/>
3. Substitutes for public and charter school teachers not indicated above	<input type="checkbox"/>
4. Stipends for positions not indicated above	<input type="checkbox"/>

Part 4: Confirmation of Payroll Requirements

Confirmation of Payroll Requirements
1. <input type="checkbox"/> The grantee certifies the federally funded portion of this position and duties are reasonable, necessary, allowable and allocable under the applicable federal fund source. The grantee further certifies that it is in compliance with the federal supplement, not supplant provision applicable to each federal fund source. The grantee assures the grant-funded portion of this position and duties meet the purpose, goals, and objectives of the federal fund source. Documentation must be maintained locally by the grantee that clearly demonstrates the allowable and supplemental nature of the position, as required by each federal fund source, and will provide such documentation to TEA upon request.



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**Program Budget
BS6201 - Professional and Contracted Services**

Part 1: Professional and Contracted Services

Budgeted Costs			
Description	Class/Object Code	TCLAS-ESSER III	TCLAS-GR
1. Rental or Lease of Buildings, Space in Buildings, or Land	6269		
2. Professional and Consulting Services	6219 6239 6291		
Subtotal Professional and Contracted Services Costs			
Remaining 6200 Costs That Do Not Require Specific Approval			
Total Professional and Contracted Services Costs			

Part 2: Direct Administrative Costs

Part 2 Breakout of Direct Administrative Costs is hidden because it does not apply to the funding source(s) for this grant application.

Part 3: Itemized Professional and Consulting Services

Itemized Professional and Consulting Service (6219, 6239, 6291)		
Description	TCLAS-ESSER III	TCLAS-GR
1. Service:		
Specify Purpose:		
<input type="button" value="Add Item"/> <input type="button" value="Delete Item"/>		
Total Professional and Consulting Services Costs		



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**Program Budget
BS6401 - Other Operating Costs**

Part 1: Other Operating Costs

Budgeted Costs			
Description	Class/ Object Code	TCLAS-ESSER III	TCLAS-GR
1. Out-of-State Travel for Employees LEA must keep documentation locally.	6411		
2. Travel for Students to Conferences (does not include field trips) Requires pre-authorization in writing.	6412		
3. Educational Field Trips LEA must keep documentation locally.	6412 6494		
4. Stipends for Non-employees other than those included in 6419 Requires pre-authorization in writing.	6413		
5. Travel Costs for Officials such as Executive Director, Superintendent, or Board Members Allowable only when such costs are directly related to the grant. If Out-of-State Travel, LEA must keep documentation locally.	6411 6419		
6. Non-Employee Costs for Conference Requires pre-authorization in writing.	6419		
7. Hosting Conferences for Non-Employees LEA must keep documentation locally.	64xx		
Subtotal Other Operating Costs			
Remaining 6400 Costs That Do Not Require Specific Approval			
Total Other Operating Costs			

Part 2: Direct Administrative Costs

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Program Budget
BS6501 - Debt Services

Part 1: Capital Lease - Purchase

Budgeted Costs			
Description	Class/ Object Code	TCLAS-ESSER III	TCLAS-GR
1. Capital Lease - Principal	6512		
2. Capital Lease - Interest	6522		
3. Capital Lease - Debt	6523		
Total Debt Service Costs			

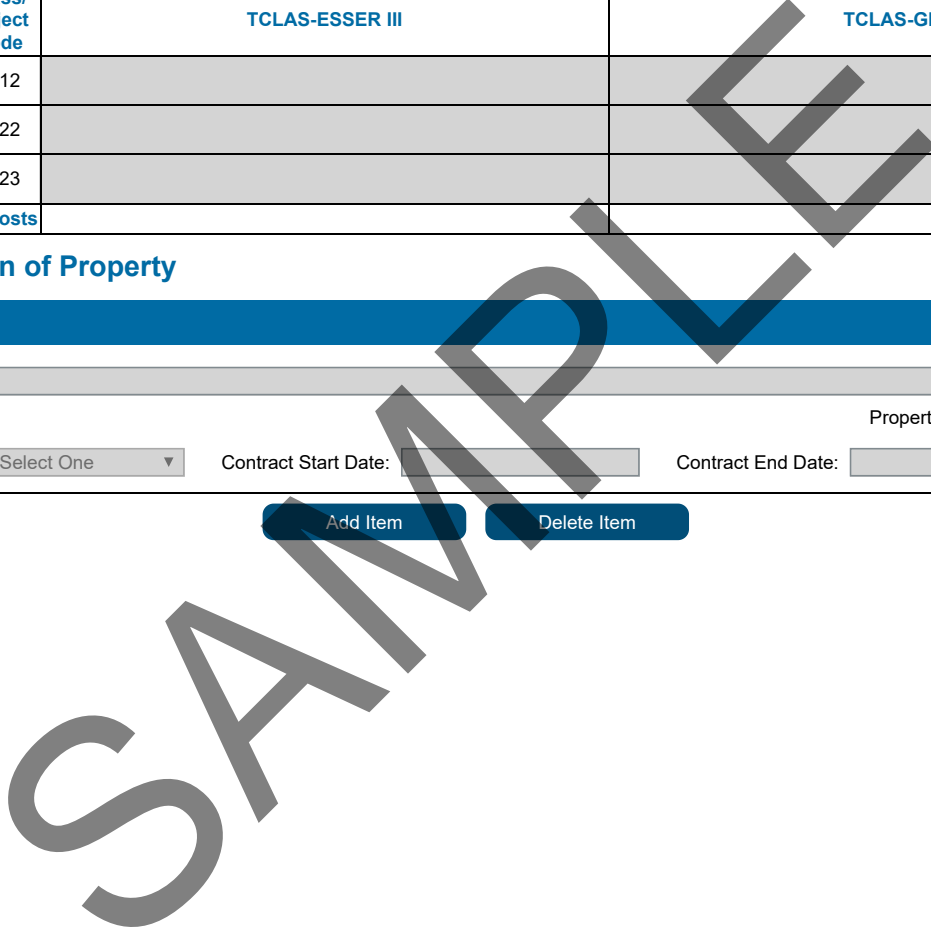
Part 2: Description of Property

Property

1. Property Description:

Fund Source: Contract Start Date: Contract End Date: Property Value:

Add Item Delete Item





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Program Budget
BS6601 - Capital Outlay

Part 1: Capital Expenditures

Budgeted Costs		
Description	TCLAS-ESSER III	TCLAS-GR
1. Library Books and Media (Capitalized and Controlled by Library)		
2. Capital Expenditures for Additions, Improvements, or Modifications to Capital Assets Which Materially Increase Their Value for Useful Life (not ordinary repairs and maintenance)		
3. Furniture, Equipment, Vehicles or Software Costs for Items in Part 2		
Total Capital Outlay Costs		

Part 2: Furniture, Equipment, Vehicles or Software

Items	
<input type="checkbox"/> 1. Generic Description: <input type="text"/> Fund Source: <input type="text" value="Select One"/>	Number of Units: <input type="text"/> Total Costs: <input type="text"/>
Describe how the item will be used to accomplish the objective of the program: <input type="text"/>	

Add Item Delete Item

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Provisions Assurances CS7000 - Provisions, Assurances and Certifications

Provisions, Assurances and Certifications

1. <input type="checkbox"/> I certify my acceptance and compliance with all General and Fiscal Guidelines.	General and Fiscal Guidelines
2. <input type="checkbox"/> I certify my acceptance and compliance with all Program Guidelines.	Program Guidelines
3. <input type="checkbox"/> I certify my acceptance and compliance with all General Provisions and Assurances requirements.	General Provisions and Assurances
4. <input type="checkbox"/> I certify I am not debarred or suspended. <input type="checkbox"/> I also certify my acceptance and compliance with all Debarment and Suspension Certification requirements.	Debarment and Suspension Certification
5. Choose the appropriate response for Lobbying Certification:	
a. <input type="checkbox"/> I certify this organization does not spend federal appropriated funds for lobbying activities and certify my acceptance and compliance with all Lobbying Certification requirements.	Lobbying Certification
b. <input type="checkbox"/> This organization spends non-federal funds on lobbying activities and has attached the required OMB Disclosure of Lobbying Activities form, as described below.	
Instructions for completing and attaching the Disclosure of Lobbying Activities form.	
<ul style="list-style-type: none"> • Print and sign the form. • Scan the signed form and save it to your desktop. • Click the Attach Files icon on the Table of Contents page to attach your signed form to this eGrants application. 	
6. <input type="checkbox"/> I certify my acceptance and compliance with all Program-Specific Provisions and Assurances requirements.	Program-Specific Provisions and Assurances