



# 2023-2024 ESC Title IV Mental and Behavioral Health Training and Support Grant Application Due 5:00 p.m. CT, October 23, 2023

NOGA ID

Authorizing legislation

ESEA of 1965, as amended by ESSA, Title IV, Part A

### SUBMITTING THE APPLICATION

This application must be submitted via email to [grantapplications@tea.texas.gov](mailto:grantapplications@tea.texas.gov) by 5:00 p.m. CT, October 23, 2023.

**Both Application Part 1 (PDF) and Application Part 2 (Excel) are required when submitting.**

The application may be signed with a digital ID, or it may be signed by hand and scanned. Then submit via email.

#### For TEA Use Only

Changes on this page were confirmed with:

Name:

On this date:

Via:

By TEA staff person:

Grant period from

September 1, 2023, or stamp-in date, whichever is later, to August 31, 2024

Pre-award costs permitted, if requested, from

September 1, 2023, to stamp-in date

### Required Parts of the Grant Application

To apply for this grant, complete this form and the Application Part 2 (Excel) workbook consisting of the grant's budget schedules, linked along with this form on the TEA Grant Opportunities page. **Before you email your grant application, ensure that your submission includes both the signed and certified form and the completed budget schedules.**

### Grant Application Type

Original

Amendment

Amendment Number

Check the box if applicable:

This amendment is being submitted as requested and required by TEA's Post-Award Compliance Unit.

### Applicant Information

Organization  CDN  Vendor ID  ESC  UEI

Address  City  ZIP  Phone

Contact #1  Email

Phone  Extension

Contact #2  Email

Phone  Extension

### Certification and Incorporation

I understand that this application constitutes an offer and, if accepted by TEA or renegotiated to acceptance, will form a 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 a 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.

I 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

General Provisions and Assurances and any application-specific provisions and assurances

Lobbying Certification

Authorized Official Name  Title

Email  Phone  Extension

Signature  Date

CDN  Vendor ID

Amendment #

**1: Shared Services Arrangements**

I, as one of the below member entity authorized officials, certify that to the best of my knowledge, the information contained in this application is correct and complete, that the entity that I represent has authorized me to join this shared services arrangement (SSA), and that such authorization action is recorded in the minutes of the local agency's board meeting.

The participating or intermediate education agency named has been designated as the administrative and fiscal agent for this project and is authorized to receive and expend funds for the conduct of this project. The fiscal agent is accountable for all SSA activities and is therefore responsible for ensuring that all funds including payments to members of SSAs are expended in accordance with applicable laws and regulations.

All participating agencies have entered into a written SSA agreement that describes the responsibilities of the fiscal agent and SSA members, including the refund liability that may result from on-site monitoring or audits and the final disposition of equipment, facilities, and materials purchased for this project from funds specified below.

It is understood that the fiscal agent is responsible for the refund for any exceptions taken as a result of on-site monitoring or audits; however, based upon the SSA agreement, which must be on file with the fiscal agent for review, the fiscal agent may have recourse to the member agencies where the discrepancy(ies) occurred.

Any additional funds that result from an increase will not require additional signatures. **Each member identified below acknowledges accountability for the requirements contained in the provisions and assurances listed in the application.** Each member entity certifies its agreement to participate in this SSA, as stated throughout this grant application.

**1A: Fiscal Agent**

1. LEA Name  CDN   
Authorized Official Name  Signature  Funding amount

**1B: Member Districts**

1. LEA Name  CDN   
Authorized Official Name  Signature  Funding amount

2. LEA Name  CDN   
Authorized Official Name  Signature  Funding amount

3. LEA Name  CDN   
Authorized Official Name  Signature  Funding amount

4. LEA Name  CDN   
Authorized Official Name  Signature  Funding amount

5. LEA Name  CDN   
Authorized Official Name  Signature  Funding amount

6. LEA Name  CDN   
Authorized Official Name  Signature  Funding amount

7. LEA Name  CDN   
Authorized Official Name  Signature  Funding amount

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Name:  On this date:   
Via:  By TEA staff person:

**Total funding (this page):**

CDN  Vendor ID

Amendment #

**1B: Shared Services Arrangements: Member Districts (Continued)**

8.	LEA Name <input type="text"/>	CDN <input type="text"/>	Authorized Official Name <input type="text"/>	Signature <input type="text"/>	Funding amount <input type="text"/>
9.	LEA Name <input type="text"/>	CDN <input type="text"/>	Authorized Official Name <input type="text"/>	Signature <input type="text"/>	Funding amount <input type="text"/>
10.	LEA Name <input type="text"/>	CDN <input type="text"/>	Authorized Official Name <input type="text"/>	Signature <input type="text"/>	Funding amount <input type="text"/>
11.	LEA Name <input type="text"/>	CDN <input type="text"/>	Authorized Official Name <input type="text"/>	Signature <input type="text"/>	Funding amount <input type="text"/>
12.	LEA Name <input type="text"/>	CDN <input type="text"/>	Authorized Official Name <input type="text"/>	Signature <input type="text"/>	Funding amount <input type="text"/>
13.	LEA Name <input type="text"/>	CDN <input type="text"/>	Authorized Official Name <input type="text"/>	Signature <input type="text"/>	Funding amount <input type="text"/>
14.	LEA Name <input type="text"/>	CDN <input type="text"/>	Authorized Official Name <input type="text"/>	Signature <input type="text"/>	Funding amount <input type="text"/>
15.	LEA Name <input type="text"/>	CDN <input type="text"/>	Authorized Official Name <input type="text"/>	Signature <input type="text"/>	Funding amount <input type="text"/>
16.	LEA Name <input type="text"/>	CDN <input type="text"/>	Authorized Official Name <input type="text"/>	Signature <input type="text"/>	Funding amount <input type="text"/>
17.	LEA Name <input type="text"/>	CDN <input type="text"/>	Authorized Official Name <input type="text"/>	Signature <input type="text"/>	Funding amount <input type="text"/>
18.	LEA Name <input type="text"/>	CDN <input type="text"/>	Authorized Official Name <input type="text"/>	Signature <input type="text"/>	Funding amount <input type="text"/>
19.	LEA Name <input type="text"/>	CDN <input type="text"/>	Authorized Official Name <input type="text"/>	Signature <input type="text"/>	Funding amount <input type="text"/>
20.	LEA Name <input type="text"/>	CDN <input type="text"/>	Authorized Official Name <input type="text"/>	Signature <input type="text"/>	Funding amount <input type="text"/>

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 Name: \_\_\_\_\_ On this date: \_\_\_\_\_  
 Via: \_\_\_\_\_ By TEA staff person: \_\_\_\_\_

**Total funding (this page):**   
**GRAND TOTAL FUNDING:**

CDN  Vendor ID

Amendment #

**2: Statutory/Program Assurances**

The following assurances apply to this grant program. In order to meet the requirements of the grant, the grantee must comply with these assurances.

Check each of the following boxes to indicate your compliance.

- The applicant assures that the application does not contain any information that would be protected by the Family Educational Rights and Privacy Act (FERPA) from general release to the public.
- The applicant assures that any Electronic Information Resources (EIR) produced as part of this agreement will comply with the State of Texas Accessibility requirements as specified in 1 Texas Administrative Code (TAC) 206, 1 TAC Chapter 213, Federal Section 508 standards, and the Web Content Accessibility Guidelines (WCAG) 2.0 level AA.
- The applicant assures to adhere to all Performance Measures, as noted in the 2023-2024 ESC Title IV Mental and Behavioral Health Training and Support Grant Program Guidelines, and shall provide TEA, upon request, any performance data necessary to assess the success of the program.
- The applicant assures to adhere to all Statutory Requirements and Texas Education Agency (TEA) Program Requirements as noted in the 2023-2024 ESC Title IV Mental and Behavioral Health Training and Support Grant Program Guidelines.
- The applicant assures that program funds will supplement (increase the level of service), and not supplant (replace) state mandates, State Board of Education rules, and activities previously conducted with state or local funds. The applicant provides assurance that state or local funds may not be decreased or diverted for other purposes merely because of the availability of these funds. The applicant provides assurance that program services and activities to be funded from this grant will be supplementary to existing services and activities and will not be used for any services or activities required by state law, State Board of Education rules, or local policy.
- The applicant assures that they accept and will comply with Every Student Succeeds Act Provisions and Assurances requirements.
- The applicant assures to draw down grant funds for expenditures each month for reimbursement.
- The applicant assures that no funds under the ESEA will be used for the provision to any person of a dangerous weapon, as defined in section 930(g)(2) of title 18, United States Code, or training in the use of a dangerous weapon. [Section 8526 of the Elementary and Secondary Education Act of 1965 (ESEA) as amended by the Bipartisan Safer Communities Act, Section 2938, Division A-Mental Health and Firearms Provisions, Title III-Other Matters, Subtitle D-Amendment on ESEA Funding, Section 13401] A dangerous weapon is defined in section 930(g)(2) as a weapon, device, instrument, material, or substance, animate or inanimate, that is used for, or is readily capable of, causing death or serious bodily injury, except that such term does not include a pocketknife with a blade of less than 2 1/2 inches in length.

**4: 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 barriers exist to equitable access and participation for any groups receiving services funded by this grant.
- Barriers exist to equitable access and participation for the following groups receiving services funded by this grant, as described below.

Group	<input type="text"/>	Barrier	<input type="text"/>
Group	<input type="text"/>	Barrier	<input type="text"/>
Group	<input type="text"/>	Barrier	<input type="text"/>
Group	<input type="text"/>	Barrier	<input type="text"/>

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	Name:	On this date:	Via:
			By TEA staff person:

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Amendment #

**6: Amendment Description and Purpose**

**Amendments must be submitted via email to [grantapplications@tea.texas.gov](mailto:grantapplications@tea.texas.gov).**

**The following pages/sections are required to be submitted for an amendment:**

**Application Part 1 (PDF):** Applicant Information page with up-to-date contact information and current authorized official's signature and date.

**Application Part 1 (PDF):** Section 6: Amendment Description and Purpose page; i.e., this page. Identify any amended sections of Application Part 1 (PDF) and/or Application Part 2 (Excel) and briefly describe the changes. Do not include any calculation or dollar amounts in the description.

**Application Part 1 (PDF):** All updated pages/sections affected by the change(s) in this amendment.

**Application Part 2 (Excel):** Budget Summary and all worksheets affected by the change(s) in this amendment.

**Amended Section**

**Purpose of Amendment**

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Name: \_\_\_\_\_ Changes on this page were confirmed with: \_\_\_\_\_  
On this date: \_\_\_\_\_ Via: \_\_\_\_\_ By TEA staff person: \_\_\_\_\_