



2025–2026 Charter School Program Grant (Subchapter C & D)
COMPETITIVE GRANT Application Due 11:59 p.m. CT, September 22, 2025

NOGA ID

Application stamp-in date and time

TEA will only accept grant application documents by email, including competitive grant applications and amendments. Submit grant applications and amendments as follows:

Competitive grant applications and amendments to competitivegrants@tea.texas.gov

Authorizing legislation: P.L 114-95, ESEA, as amended by ESSA, Title IV, Part C; TEC, Chapter 12; TAC, Chapter 100, Subch. AA

Grant period: **November 17, 2025 – September 30, 2026** **Pre-award costs:** **ARE NOT** permitted for this grant

Required attachments: Refer to the program guidelines for a description of any required attachments.

Amendment Number

Amendment number (For amendments only; enter N/A when completing this form to apply for grant funds):

1. Applicant Information

Name of organization

Campus name

CDN

Vendor ID

ESC

UEI

Address

City

ZIP

Phone

Primary Contact

Email

Phone

Secondary Contact

Email

Phone

2. 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

☐ Lobbying Certification

☐ Application-Specific Provisions and Assurances

☐ ESSA Provisions and Assurances requirements

Authorized Official Name

Title

Email

Phone

Signature

Date

Grant Writer Name

Signature

Date

☐ Grant writer is an employee of the applicant organization.

☐ Grant writer is **not** an employee of the applicant organization.

For TEA Use Only:

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

RFA/SAS #

701-25-127/577-26

2025-2026 Charter School Program Grant (Subchapter C & D)

Page 1 of 13

3. Shared Services Arrangements

Shared services arrangements (SSAs) **are not** permitted for this grant.

4. Identify/Address Needs

List up to three quantifiable needs, as identified in your needs assessment, that these program funds will address. Describe your plan for addressing each need.

Quantifiable Need	Plan for Addressing Need

5. SMART Goals

1. Describe the summative SMART goal (a goal that is Specific, Measurable, Achievable, Relevant, and Timely) you have identified for this program related to student outcomes.

2. Describe 3-5 SMART goals related to project implementation. Ensure that these goals are aligned to the purpose of the grant.

#	Implementation SMART Goal	Progress Measure
1.		
2.		
3.		
4.		
5.		

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

6. Measurable Progress

Describe 3-5 quarterly benchmarks you will use throughout the grant period to measure progress toward your student outcome SMART goal. For this grant the quarters are as follows: 1st Quarter = Beginning of Grant to 2/02/2026, 2nd Quarter = 2/03/2026 to 4/21/2026; 3rd Quarter = 4/22/2026 to 7/08/2026; 4th Quarter = 7/09/2026 to 9/30/2026.

#	Benchmark Used	Goal
1.		
2.		
3.		
4.		
5.		

7. Project Evaluation and Modification

Describe how you will use project evaluation data to determine when and how to modify your program. If your benchmarks or summative SMART goals do not show progress, describe how you will use evaluation data to modify your program for sustainability.

8. 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.

- ☐ 1. The applicant provides assurance 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.
- ☐ 2. The applicant provides assurance 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.
- ☐ 3. The applicant provides assurance to adhere to all assurances, Statutory Requirements, TEA Program Requirements, and Performance Measures, as noted in the 2025–2026 Charter School Program Grant (Subchapter C & D) Program Guidelines, and shall provide the Texas Education Agency, upon request, any performance data necessary to assess the success of the grant program.
- ☐ 4. The applicant provides assurance that they accept and will comply with [Every Student Succeeds Act Provisions and Assurances](#) requirements.
- ☐ 5. 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 TAC 206, 1 TAC Chapter 213, Federal Section 508 standards, and the WCAG 2.0 AA Accessibility Guidelines.

For TEA Use Only:

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

9. Statutory Requirements

1. Describe the roles and responsibilities of the eligible applicant, any partner organizations, and charter management organizations, as applicable, including the administrative and contractual roles and responsibilities of such partners.

2. Describe the quality controls agreed to between the eligible applicant and the authorized public chartering agency involved (TEA or the school district authorizer), such as a contract or performance agreement, how a school’s performance in the state’s accountability system and impact on student achievement (which may include student academic growth) will be one of the most important factors for renewal or revocation of the school’s charter, and how the authorized public chartering agency involved (TEA or the school district authorizer) will reserve the right to revoke or not renew a school’s charter based on financial, structural, or operational factors involving the management of the school.

3. Describe how the autonomy and flexibility granted to the proposed charter school or high-quality charter school campus is consistent with the definition of a charter school in Section 4310, including how the proposed charter school campus will have a high degree of autonomy over budget and operations and personnel decisions. Include a detailed description of the ways in which the proposed charter school or high-quality charter school campus will be permitted to govern autonomously, as evidenced by the day-to-day decision makers at the campus and their input with regard to the school's curriculum, calendar, budget, and daily operations. For a charter school campus authorized by the local board of trustees pursuant to TEC, Chapter 12, Subchapter C, describe how this autonomy is above and beyond the degree of flexibility and autonomy afforded to traditional campuses within the school district.

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

9. Statutory Requirements (Cont.)

4. Describe how the planned academic program will support improved academic outcomes for educationally disadvantaged students.

5. Describe how the eligible applicant will solicit and consider input from parents and other members of the community on the implementation and operation of the proposed charter school campus.

6. Describe the eligible applicant's plans for ongoing, effective parent and community engagement.

9. Statutory Requirements (Cont.)

7. Describe the eligible applicant's plan for meeting the transportation needs of the students at the proposed charter school campus.

8a. Describe the eligible applicant's planned activities and expenditures of grant funds for planning activities. *Planning activities are related to the planning and program design of the charter school.*

8b. Describe the eligible applicant's planned activities and expenditures of grant funds for implementation activities. *Implementation activities are related to the implementation of the charter school and its educational program.*

9. Statutory Requirements (Cont.)

8c. Describe how the eligible applicant will maintain financial sustainability after the end of the grant period.

9. Describe and justify any requests for waivers of any Federal statutory or regulatory provisions that the eligible applicant believes are necessary for the successful operation of the charter school, and a description of any state or local rules, generally applicable to public schools, that the applicant proposes to be waived or otherwise not apply to the school.

9. Statutory Requirements Subchapter C Applicants ONLY

In addition to the requirements listed above, campus charters established under TEC, Subchapter C, Campus Charter Schools, must also address each of the following requirements (numbers 10-14):

10. Describe the educational program* at the proposed charter school campus, including: a. how the program will enable all students to meet challenging state student academic achievement standards; b. the grade levels or ages of children to be served; and c. the curriculum and instructional practices to be used. *If the district has partnered with an entity to replicate a high-quality charter school model, the description of the educational program should include the name of the high-quality charter school that is being replicated, along with additional pertinent information to demonstrate that the charter school meets the definition of a high-quality charter school.

For TEA Use Only:

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

9. Statutory Requirements Subchapter C Applicants ONLY (Cont.)

11. Describe how the district authorizer will monitor the proposed charter school campus in recruiting, enrolling, retaining, and meeting the needs of all students, including children with disabilities and English learners.

12. Describe the manner in which an annual independent financial audit of the campus is to be conducted. The campus charter must have a plan for an audit that is separate and apart from the district's annual financial audit.

13. Describe the manner in which the campus will provide information necessary for the school district in which it is located to participate, as required by TEC, Chapter 12, Subchapter C, or by SBOE rule, in public education information systems (PEIMS).

14. Describe the manner in which the district will flow other federal and state funds to the proposed charter school campus. Describe the timelines for flowing the federal and state funds to the campus that will ensure students are promptly receiving the benefit of services that appropriate federal and state funds can provide.

For TEA Use Only:

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

9. TEA Program Requirements

1. Provide the number of students in each grade, by type of school, projected to be served under the grant program in 2026–2027.

Charter School Type	PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total

Total Staff **Total Parents** **Total Families** **Total Campuses**

2. Provide the number of students to be served in 2026 -2027 who would otherwise attend an F-rated campus (from the most recent accountability ratings) that serves the same grade levels as the proposed charter school. Please click on the [All Campuses by Rating](#) for more information.

Charter School Type	PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total

Total Staff **Total Parents** **Total Families** **Total Campuses**

3. Provide the names and nine-digit county/district/campus numbers of the F-rated campuses (from the most recent accountability ratings) that serve the same grade levels as the proposed charter school that you will be impacting as described above. Please click on the [All Campuses by Rating](#) link for more information.

#	District Name	Campus Name	9 Digit CDC Number
1.			
2.			
3.			
4.			
5.			
6.			

4. Qualified Opportunity Zone: Provide the census tract number if the proposed campus will be located in a [Qualified Opportunity Zone](#).

For TEA Use Only:

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

9. TEA Program Requirements (Cont.)

5. If more students apply than the campus is able to accommodate, describe the lottery procedures to admit students.

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 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		Barrier	
Group		Barrier	
Group		Barrier	
Group		Barrier	

11. PNP Equitable Services

☒ PNP Equitable Services **does not apply** to this grant.

For TEA Use Only:

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

12. Request for Grant Funds

List all of the allowable grant-related activities for which you are requesting grant funds. Include the amounts budgeted for each activity. Group similar activities and costs together under the appropriate heading. During negotiation, you will be required to budget your planned expenditures on a separate attachment provided by TEA.

Planning Payroll Costs

- | | | |
|----|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> |

Payroll Subtotal: **Planning Professional and Contracted Services**

- | | | |
|----|----------------------|----------------------|
| 5. | <input type="text"/> | <input type="text"/> |
| 6. | <input type="text"/> | <input type="text"/> |
| 7. | <input type="text"/> | <input type="text"/> |
| 8. | <input type="text"/> | <input type="text"/> |

Professional & Contracted Subtotal: **Planning Supplies and Materials Costs**

- | | | |
|-----|----------------------|----------------------|
| 9. | <input type="text"/> | <input type="text"/> |
| 10. | <input type="text"/> | <input type="text"/> |
| 11. | <input type="text"/> | <input type="text"/> |

Supplies and Materials Subtotal: **Planning Other Operating Costs**

- | | | |
|-----|----------------------|----------------------|
| 12. | <input type="text"/> | <input type="text"/> |
| 13. | <input type="text"/> | <input type="text"/> |
| 14. | <input type="text"/> | <input type="text"/> |

Other Operating Costs Subtotal: **Planning Capital Outlay**

- | | | |
|-----|----------------------|----------------------|
| 15. | <input type="text"/> | <input type="text"/> |
| 16. | <input type="text"/> | <input type="text"/> |

Capital Outlay Subtotal: **Implementation Payroll Costs**

- | | | |
|----|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> |

Payroll Subtotal: **Implementation Professional and Contracted Services**

- | | | |
|----|----------------------|----------------------|
| 5. | <input type="text"/> | <input type="text"/> |
| 6. | <input type="text"/> | <input type="text"/> |
| 7. | <input type="text"/> | <input type="text"/> |
| 8. | <input type="text"/> | <input type="text"/> |

Professional & Contracted Subtotal: **Implementation Supplies and Materials Costs**

- | | | |
|-----|----------------------|----------------------|
| 9. | <input type="text"/> | <input type="text"/> |
| 10. | <input type="text"/> | <input type="text"/> |
| 11. | <input type="text"/> | <input type="text"/> |

Supplies and Materials Subtotal: **Implementation Other Operating Costs**

- | | | |
|-----|----------------------|----------------------|
| 12. | <input type="text"/> | <input type="text"/> |
| 13. | <input type="text"/> | <input type="text"/> |
| 14. | <input type="text"/> | <input type="text"/> |

Other Operating Costs Subtotal: **Implementation Capital Outlay**

- | | | |
|-----|----------------------|----------------------|
| 15. | <input type="text"/> | <input type="text"/> |
| 16. | <input type="text"/> | <input type="text"/> |

Outlay Subtotal: **TOTAL GRANT AWARD REQUESTED:** **For TEA Use Only:**

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

Appendix I: Negotiation and Amendments

Leave this section blank when completing the initial application for funding.

An amendment must be submitted when the program plan or budget is altered for the reasons described in the "When to Amend the Application" document posted on the [Administering a Grant](#) page of the TEA website and may be emailed to competitivegrants@tea.texas.gov. Include all sections pertinent to the amendment (including budget attachments), along with a completed and signed copy of page 1 of the application. More detailed amendment instructions can be found on the last page of the budget template.

You may duplicate this page.

For amendments, choose the section you wish to amend from the drop down menu on the left. In the text box on the right, describe the changes you are making and the reason for them. Always work with the most recent negotiated or amended application. If you are requesting a revised budget, please include the budget attachments with your amendment.

Section Being Negotiated or Amended	Negotiated Change or Amendment