



Organization: CORPUS CHRISTI ISD  
 Campus/Site: N/A  
 Vendor ID: 1746000581

County District: 178904  
 ESC Region: 02  
 School Year: 2024-2025

SAS#: SSICAB25

## 2024-2026 SSI Community Partnerships Grant Cohort 4

### General Information GS2000 - Certify and Submit

Due: 11/06/2024 11:59 PM  
 Application Status: Submitted

Amendment #: 00  
 Version #: 01

Description	Required	Status	Last Update
<b>General Information</b>			
GS2100 - Applicant Information	*	Complete	11/01/2024 04:41 PM
GS2300 - Negotiation Comments and Confirmation		New	
<b>Program Description</b>			
PS3013 - Program Plan	*	Complete	11/01/2024 04:41 PM
PS3014 - Program Narrative	*	Complete	11/05/2024 01:49 PM
<b>Program Budget</b>			
BS6001 - Program Budget Summary and Support		Complete	11/04/2024 06:04 AM
BS6101 - Payroll Costs		New	
BS6201 - Professional and Contracted Services		New	
BS6401 - Other Operating Costs		New	
BS6501 - Debt Services		New	
BS6601 - Capital Outlay		New	
<b>Provisions Assurances and Certifications</b>			
CS7000 - Provisions, Assurances and Certifications	*	Complete	11/01/2024 04:46 PM

#### Certification and Incorporation Statement

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: Amanda	Initial: M	Last Name: Cameron	Title: Senior Director for State and Federal Pr
Phone: 361-695-7528	Ext:	E-Mail: amanda.cameron@ccisd.us	

#### Submitter Information

First Name: Amanda	Last Name: Cameron
Approval ID: amanda.cameron	Submit Date and Time: 11/05/2024 02:30:47 PM



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### General Information GS2100 - Applicant Information

#### Part 1: Organization Information

A. Applicant
Organization Name: CORPUS CHRISTI ISD
Mailing Address Line 1: P O BOX 110
Mailing Address Line 2:
City: CORPUS CHRISTI      State: TX      Zip Code: 78403

B. Unique Entity Identifier (SAM)
UEI (SAM):

#### Part 2: Applicant Contacts

A. Primary Contact	Select Contact: <span style="border: 1px solid black; padding: 2px;">Select One</span> ▼ or
<span style="border: 1px solid gray; border-radius: 15px; padding: 2px 10px; background-color: #ccc;">Add New Contact</span>	
First Name: Courtney      Initial:      Last Name: Rios	
Title: Director For Guid & Counseling	
Telephone: 361-695-7560      Ext.:      E-Mail: courtney.rios@ccisd.us	

B. Secondary Contact	Select Contact: <span style="border: 1px solid black; padding: 2px;">Select One</span> ▼ or
<span style="border: 1px solid gray; border-radius: 15px; padding: 2px 10px; background-color: #ccc;">Add New Contact</span>	
First Name: Amanda      Initial: M      Last Name: Cameron	
Title: Senior Director for State and Federal Pr	
Telephone: 361-695-7528      Ext.:      E-Mail: amanda.cameron@ccisd.us	



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### 2024-2026 SSI Community Partnerships Grant Cohort 4

### General Information GS2300 - Negotiation Comments and Confirmation

#### Part 1: General Comments

##### General Comments (TEA Use Only)

#### Part 2: Negotiation Items

This schedule is for TEA to document any required changes and communications to the applicant in the event this application requires negotiation. It will also require applicants to acknowledge that they have made the changes requested.

Applicants: For all negotiation notes below, please make the requested changes in the grant application itself.

- Please do check the "Change Completed" box.
- Please do not enter information in the "Grantee Comments" section, unless you are specifically instructed to do so.

Negotiation Items	
1.	<div style="display: flex; justify-content: space-between;"> <div>Date: <input type="text"/></div> <div>Schedule: <span>Select One ▼</span></div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>TEA Negotiation Note:</p> <div style="border: 1px solid black; height: 50px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Grantee Comments:</div> <div><input type="checkbox"/> LEA Completed Change</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; background-color: #f0f0f0;"> <div style="border: 1px solid black; height: 50px;"></div> </div>

Add Row

Delete Row



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## 2024-2026 SSI Community Partnerships Grant Cohort 4

### Program Description PS3013 - Program Plan

#### A. Statutory/Program Assurances

1. The following assurances apply to this program. In order to meet the requirements of the program, the applicant must comply with these assurances. Selecting all assurances is required.

- 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 IDC 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 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.
- The applicant provides assurance to adhere to all the Statutory and TEA Program requirements as noted in the 2024-2026 SSI Community Partnerships Cohort 4 Program Guidelines.
- The applicant provides assurance to adhere to all the Performance Measures, as noted in the 2024-2026 SSI Community Partnerships Cohort 4 Program Guidelines, and shall provide to TEA, upon request, any performance data necessary to assess the success of the program.
- 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 acknowledges that Per Section 22.0834 of the Texas Education Code (TEC), any person offered employment by any entity that contracts with TEA or receives grant funds administered by TEA (i.e., a grantee or subgrantee) is subject to the fingerprinting requirement. TEA is prohibited from awarding grant funds to any entity, including nonprofit organizations, that fails to comply with this requirement. For details, refer to the General and Fiscal Guidelines, Fingerprinting Requirement.
- The applicant provides assurance these grant funds will be used to implement the Community Partnerships (CP) project on the qualifying campus(es) to develop services and supports, continuously evaluate the success of the program, and adjust and improve the program based on specific data and grant outcome.
- The applicant assures the grant funds will be used to develop wraparound support services for students and actively engage parents and families in a collaborative partnership.
- The applicant assures they will have at least one state or regional governmental partnership and two or more local community partnerships to successfully implement the program, including MOUs for all partnerships.
- The applicant assures the LEA team will be composed of at least one program manager to facilitate the development and implementation of the project (a 2-year position to manage the program and \$50k/year of grant funds dedicated to this position's salary), a member of campus leadership or their designee, and the district representative responsible for parent engagement. Each team member will attend the grant workshops held in various locations throughout Texas.
- The applicant assures the LEA team listed above will be incorporated into the campus or district improvement committee to ensure project decisions are district driven.
- The applicant assures the LEA will develop a Parent Advisory Committee to identify needs and assist in the development of solutions.
- The applicant assures the program manager, and a member of district leadership will attend and participate in virtual quarterly summit meetings with other grantee teams and the TEA Community Partnerships specialist.
- The applicant assures they will develop a project plan with measurable benchmarks and outcomes that address all program requirements listed in the previous section.
- The applicant assures they will keep project management tools provided by TEA, including budget and activity trackers, updated on a monthly basis.
- The applicant assures they will provide timely responses for information to TEA.
- The applicant assures they will not use CP funds to carry out the following activities: Utilize assessments that provide rewards or sanctions for individual children or teachers; Use a single assessment that is used as the primary or sole method for assessing program effectiveness; Evaluate children other than to improve instruction, classroom environment, professional development, wrap-around services, or parent and family engagement.



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### Program Description PS3013 - Program Plan



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## 2024-2026 SSI Community Partnerships Grant Cohort 4

### Program Description PS3014 - Program Narrative

Please include complete responses for each question below.

#### A. Summary of Program

1. Part 1: Provide an overview of the program to be implemented with grant funds. Include the overall mission and specific needs of the organization. Describe what needs the SSI Community Partnerships Grant will address for the LEA. Describe how the grant project aligns with the campus vision and improvement plan and the district mission and vision. Describe how the LEA will address wrap-around supports and family engagement.

Corpus Christi Independent School District (CCISD) serves over 33,000 students across 53 schools, fostering a commitment to excellence in education since 1909. With a mission to develop hearts and minds, CCISD prepares students to be lifelong learners and productive citizens. CCISD aims to be a world-class school system where every student learns, graduates, and succeeds. Twenty-four campuses qualify for this grant, which will enhance student mental health services, address root causes of discipline issues, absenteeism, and achievement gaps, especially for students of color. CCISD seeks to add two licensed clinicians to support the current team of social workers, as only one social worker currently serves 32 elementary schools, primarily managing crises. The district also requires multilingual services due to its high bilingual population and limited community resources, which lead to long wait times. The Coastal Bend region's high rate of uninsured individuals further restricts access to mental health care. With this grant, CCISD aims to provide direct mental health support and partner with a parent education program to engage families in student well-being. The district's Improvement Plan goals focus on creating a safe and inclusive environment and building strong community partnerships. These proposed services would add Tier 2 and 3 mental health resources to current partnerships, supporting CCISD's whole-child approach.

2. Part 2: Describe how addressing wraparound supports and family engagement will improve outcomes. Describe the system of resources and activities that will be developed to identify partners to create and operationalize a shared vision of achievement and student supports.

Research shows that strong family engagement boosts children's mental health by providing a foundation for emotional development and coping, leading to better overall well-being. When families actively participate in a child's mental health treatment, adherence improves, symptoms are managed more effectively, and outcomes are more positive. Wraparound school supports, addressing factors outside the classroom like family and community needs, further enhance outcomes in mental health, academics, attendance, and overall well-being, especially in low-income areas like Corpus Christi. Accessible resources in English and Spanish are crucial.

Through partnerships, CCISD will expand its resources to address students' diverse needs, creating a holistic approach to well-being, academic success, and community vitality. Recognizing the counseling team as an equal educational partner, CCISD acknowledges that students' personal and social needs must be met for academic success. Courtney Rios, LPC, CSC, Director of Guidance and Counseling, will oversee all grant-supported student services, coordinating mental health initiatives alongside her team and crisis response units. Treatment data will be available to district staff as designated by Mrs. Rios, integrating mental health services throughout CCISD's support systems.

#### B. Qualifications and Experience for Key Personnel

1. Describe the qualifications and experience of the existing or future staff members and indicate if they are existing or will be hired.

Courtney Rios, LPC, CSC is the Director of Guidance and Counseling, certified Trauma-Focused Cognitive Behavioral Therapy, a member, of CCISD Behavioral Threat Assessment Team, a member of the district's Crisis Team, and the CCISD Counseling Advisory Committee. Mrs. Rios will direct the work of 2 licensed onsite clinicians, provided by a chosen mental health partner. This clinician will be a licensed mental health professional (LPC, LCSW, LMFT, LPC-Associate, or LCSW-Associate) who will work hand-in-hand with the CCISD team, and Elementary Social Worker, Charelle McNary, LSW, as they provide services to students and families.

2. Please continue the response here if needed. Please enter N/A if the additional space is not needed.

N/A



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### Program Description PS3014 - Program Narrative

#### C. Goals, Objectives and Strategies

1. Describe how families and the community will be actively engaged to partner in improving academic outcomes and supports for students. Describe how partnership agencies that provide wrap-around and holistic services to children and families will be coordinated. Describe how existing programs and resources will be coordinated with the new program to implement wrap-around services and parent and family engagement.

CCISD will partner with a school mental health provider that shares the district's goal of educating families on the impact mental health has on academic and behavioral outcomes. The district plans to bring a comprehensive mental health awareness program to families. This program will include webinars and trainings held in English and Spanish on relevant topics including suicide prevention, teen vaping, and mental health awareness, among others. The school based mental health partner will offer elementary family therapy to actively engage parents on their student's journey to success and wellness. Families will learn how best to support their children through behavioral and/or emotional challenges that are common in the elementary years. CCISD will engage the district's School Health Advisory Council (SHAC) for family and community support, as well. Mrs. Rios, in collaboration with her team of school counselors and mental health professionals, will oversee the coordination of partner agencies to implement a comprehensive service delivery model. This integrated approach aims to optimize outcomes for Corpus Christi Independent School District students and their families.

2. Please continue the response here if needed. Please enter N/A if the additional space is not needed.

The implementation of additional student mental health services will alleviate the strain on the district's crisis response team by offering proactive, lower-level preventative support measures. The integration of 2 on-site licensed clinicians to facilitate student group sessions and provide family support will streamline the workload, effectively reducing wait times families typically encounter with community providers. CCISD considers the elementary parent engagement program and the introduction of a family therapy program as complementary interventions that align with and enhance the collaborative objective of promoting student success. As an example, if the contracted onsite mental health provider identifies the need for high level care, the district can refer to an existing partner agency in the community.

#### D. Performance and Evaluation Measures

1. Describe robust data systems and performance management routines that will be developed to ensure progress monitoring will drive the achievement of predetermined grant outcomes. Describe how partners will be engaged to monitor and measure school progress data and how community outreach will be conducted.

The school based mental health partner chosen to serve CCISD's students will provide real-time utilization data enabling the district to monitor intake status, student treatment progress and outcomes. This data will be available to all CCISD referral staff, and detailed monthly districtwide reports will be made available to Mrs. Rios and other district leaders. The district also plans to monitor parent satisfaction with the chosen mental health partner's programs. Student mental health services data (clinical screening and outcomes and academic impact indicators; attendance, out of school time) will be used in connection with the district's existing data systems to measure outcomes. The district anticipates a reduction in absenteeism, behavioral infractions and increased awareness of substance use disorder as it relates to mental health. The chosen mental health partner can tailor parent outreach and education efforts based on trends identified by the district.

#### E. Budget Narrative

1. Describe the proposed budget and how it will meet the needs and goals of the program, including staffing, project design, and resources needed to support the implementation of the grant.

The proposed budget for this project is \$550,000.

This includes:

Two onsite licensed mental health clinicians to conduct 1:1 therapy, collaborate with the CCISD team on desired outcomes, provide crisis intervention and care coordination when needed, and communicate with families. The clinician is also available to provide training for district staff to build awareness of services and discuss pertinent mental health topics. The clinician will maintain a standard caseload and will refer to teletherapy when after hours services are needed. The proposed cost for 2 onsite clinicians and all included services is \$390,000 for 18 months.

Trauma Related Instructional Materials-\$60,000.

Specific counselors and social workers will attend a Trauma-Sensitive Schools Conference at a cost-\$50,000.

Administrative Cost-\$50,000.



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### Program Description PS3014 - Program Narrative

#### F. 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. If awarded, you will be required to budget your planned expenditures in the budget schedules provided by eGrants during negotiations.

1. Payroll Costs-Include a description of the cost(s) and a dollar amount. If you will not be budgeting in this class/object code, please enter "N/A" or "\$0."

N/A

2. Professional and Contracted Services-Include a description of the cost(s) and a dollar amount. If you will not be budgeting in this class/object code, please enter "N/A" or "\$0."

\$390,000.00

Two onsite licensed mental health clinicians to conduct 1:1 therapy, collaborate with the CCISD team on desired outcomes, provide crisis intervention and care coordination when needed, and communicate with families. The clinician is also available to provide training for district staff to build awareness of services and discuss pertinent mental health topics. The clinician will maintain a standard caseload and will refer to teletherapy when after hours services are needed. Contract will also include a Family Engagement Program for elementary families.

3. Supplies and Materials-Include a description of the cost(s) and a dollar amount. If you will not be budgeting in this class/object code, please enter "N/A" or "\$0."

Trauma Related Instructional Materials-\$60,000.

4. Other Operating Costs-Include a description of the cost(s) and a dollar amount. If you will not be budgeting in this class/object code, please enter "N/A" or "\$0."

Travel Conference for Counselors \$50,000.

5. Capital Outlay-Include a description of the cost(s) and a dollar amount. If you will not be budgeting in this class/object code, please enter "N/A" or "\$0."

N/A

6. Total Grant Award Requested- Be sure to include the sum of the amounts in all class/object codes and any administrative costs in this total. Only a dollar amount will be accepted for this answer.

\$550,000





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### Program Description PS3014 - Program Narrative

#### G. Additional TEA Program Requirements

1. Describe how the Community Partnerships program will be sustained beyond the life of the grant.

The school-based mental provider will have the capability to bill and collect from private insurance and Medicaid for therapy services. This will enable CCISD to sustain the school-based mental health project beyond the life of the grant and continue bringing these critical supports to students and families. Corpus Christi ISD will also continue to scope and apply for future grant funding opportunities that align with the district's goals.



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## 2024-2026 SSI Community Partnerships Grant Cohort 4

### Program Budget BS6001 - Program Budget Summary and Support

**Statutory Authority: Authorized by General Appropriations Act (GAA), Article III, Rider 41, 88th Texas Legislature**

[View List of SSA Members \[All\]](#)

[View List of SSA Members](#)

### Part 1: Available Funding

Available Funding	
Description	24-26 SSI CP Cohort 4
1. Fund/SSA Code	429
2. Planning Amount	
3. Final Amount	
4. Carryover	
5. Reallocation	
<b>Total Funds Available</b>	

### Part 2: Budget Summary

A. Budgeted Costs		
Description	Class/ Object Code	24-26 SSI CP Cohort 4
1. Consolidated Administrative Funds		<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	
<b>Total Direct Costs</b>		
9. Indirect Costs		\$0
<b>Total Budgeted Costs</b>		\$0
<b>Total Funds Available Minus Total Costs</b>		\$0
10. Payments to Member Districts of SSA	6493	

### B. Pre-Award Costs

Part 2B Pre-Award Costs is hidden because it does not apply to the funding source(s) for this grant application.



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**2024-2026 SSI Community Partnerships Grant Cohort 4**

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

**C. Breakout of Direct Admin Costs**

Enter amounts in Direct Admin Costs fields if applicable.

Description	Class/ Object Code	24-26 SSI CP Cohort 4		
		Program Costs	Direct Admin Costs	Total Costs
1. Payroll Costs	6100			
2. Professional and Contracted Services	6200			
3. Supplies and Material	6300			
4. Other Operating Costs	6400			
5. Debt Services	6500			
6. Capital Outlay	6600			
7. Operating Transfers Out	8911			
<b>Total</b>				



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**2024-2026 SSI Community Partnerships Grant Cohort 4**

**Program Budget  
 BS6101 - Payroll Costs**

**Part 1: Total Payroll Costs**

Payroll costs entered on BS6001	
Total Payroll Costs	24-26 SSI CP Cohort 4

**Part 2: Number and Type of Positions**

A. Administrative Support or Clerical Staff	
Position Type	24-26 SSI CP Cohort 4
1. Administrative support or clerical staff (integral to program)	[ ]

B. LEA Positions	
Position Type	24-26 SSI CP Cohort 4
1. Professional staff	[ ]
2. Paraprofessionals	[ ]
3. Administrative support or clerical staff (paid by LEA indirect cost)	[ ]

C. Campus Positions	
Position Type	24-26 SSI CP Cohort 4
1. Professional staff	[ ]
2. Paraprofessionals	[ ]
3. Administrative support or clerical staff (paid by LEA indirect cost)	[ ]

**Part 3: Substitute, Extra-Duty, Benefits**

Substitute, Extra-Duty, Benefits	
1. For schoolwide personnel (includes staff salary, extra-duty pay/beyond normal hours, and substitutes for staff positions at schoolwide campuses)	[ ]
2. Extra duty pay/beyond normal hours for positions not indicated above	[ ]
3. Substitutes for public and charter school teachers not indicated above	[ ]
4. Stipends for positions not indicated above	[ ]

**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	24-26 SSI CP Cohort 4
1. Rental or Lease of Buildings, Space in Buildings, or Land	6269	
2. Professional and Consulting Services	6219 6239 6291	
<b>Subtotal Professional and Contracted Services Costs</b>		
<b>Remaining 6200 Costs That Do Not Require Specific Approval</b>		
<b>Total Professional and Contracted Services Costs</b>		

**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	24-26 SSI CP Cohort 4
1. Service: <input type="text"/>	
Specify Purpose: <input type="text"/>	
<input type="button" value="Add Item"/> <input type="button" value="Delete Item"/>	
<b>Total Professional and Consulting Services Costs</b>	



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**Program Budget  
 BS6401 - Other Operating Costs**

**Part 1: Other Operating Costs**

Budgeted Costs		
Description	Class/ Object Code	24-26 SSI CP Cohort 4
1. <b>Out-of-State Travel for Employees</b> LEA must keep documentation locally.	6411	
2. <b>Travel for Students to Conferences (does not include field trips)</b> Requires pre-authorization in writing.	6412	
3. <b>Educational Field Trips</b> LEA must keep documentation locally.	6412 6494	
4. <b>Stipends for Non-employees other than those included in 6419</b> Requires pre-authorization in writing.	6413	
5. <b>Travel Costs for Officials such as Executive Director, Superintendent, or Board Members</b> Allowable only when such costs are directly related to the grant. If Out-of-State Travel, LEA must keep documentation locally.	6411 6419	
6. <b>Non-Employee Costs for Conference</b> Requires pre-authorization in writing.	6419	
7. <b>Hosting Conferences for Non-Employees</b> LEA must keep documentation locally.	64xx	
<b>Subtotal Other Operating Costs</b>		
<b>Remaining 6400 Costs That Do Not Require Specific Approval</b>		
<b>Total Other Operating Costs</b>		

**Part 2: Direct Administrative Costs**

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### 2024-2026 SSI Community Partnerships Grant Cohort 4

### Program Budget BS6501 - Debt Services

## Part 1: Subscription-Based Information Technology Arrangement (SBITA) and Capital Lease Liability Costs

Budgeted Costs		
Description	Class/ Object Code	24-26 SSI CP Cohort 4
1. SBITA Liability - Principal	6514	
2. SBITA Liability - Interest	6526	
3. Capital Lease Liability - Principal	6512	
4. Capital Lease Liability - Interest	6522	
5. Interest on Debt	6523	
<b>Total Debt Service Costs</b>		

## Part 2: Description of SBITA

**Subscription**

1. SBITA Description:

Subscription Cost:

Fund Source:  Contract Start Date:  Contract End Date:

## Part 3: Description of Property

**Property**

1. Property Description:

Property Value:

Fund Source:  Contract Start Date:  Contract End Date:



Organization: CORPUS CHRISTI ISD  
Campus/Site: N/A  
Vendor ID: 1746000581

County District: 178904  
ESC Region: 02  
School Year: 2024-2025

SAS#: SSICAB25

2024-2026 SSI Community Partnerships Grant Cohort 4

Program Budget  
BS6601 - Capital Outlay

Part 1: Capital Expenditures

Budgeted Costs	
Description	24-26 SSI CP Cohort 4
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	
<b>Total Capital Outlay Costs</b>	

Part 2: Furniture, Equipment, Vehicles or Software

**Items**

1. Generic Description:  Number of Units:

Fund Source:  Total Costs:

Describe how the item will be used to accomplish the objective of the program:

Add Item Delete Item





**Organization:** CORPUS CHRISTI ISD  
**Campus/Site:** N/A  
**Vendor ID:** 1746000581

**County District:** 178904  
**ESC Region:** 02  
**School Year:** 2024-2025

SAS#: SSICAB25

## 2024-2026 SSI Community Partnerships Grant Cohort 4

### Provisions Assurances CS7000 - Provisions, Assurances and Certifications

Provisions, Assurances and Certifications	
1. <input checked="" type="checkbox"/> I certify my acceptance and compliance with all General and Fiscal Guidelines.	General and Fiscal Guidelines
2. <input checked="" type="checkbox"/> I certify my acceptance and compliance with all Program Guidelines.	Program Guidelines
3. <input checked="" type="checkbox"/> I certify my acceptance and compliance with all General Provisions and Assurances requirements.	General Provisions and Assurances
4. <input checked="" type="checkbox"/> I also certify my acceptance and compliance with all Debarment and Suspension Certification requirements. I certify I am not debarred or suspended.	Debarment and Suspension Certification
5. Choose the appropriate response for Lobbying Certification:	
a. <input checked="" 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 <a href="#">Disclosure of Lobbying Activities</a> form. <ul style="list-style-type: none"> <li>• Print and sign the form.</li> <li>• Scan the signed form and save it to your desktop.</li> <li>• Click the <b>Attach Files</b> icon on the Table of Contents page to attach your signed form to this eGrants application.</li> </ul>	

## SSA Funding Report

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Region	County District	Organization	ADC Submitted Date								
				R:	R:	R:	R:	R:	R:	R:	R:
<b>Total:</b>				R:	\$0	R:	\$0	R:	\$0	R:	\$0