2025-2027 Statewide ESSA Title I, Part A Capacity Building Initiative Application Due 11:59 p.m. CT, July 21, 2025 ® NOGA ID **Texas Education Agency** ESEA of 1965, as amended by the ESSA, Sec. 1111(g)(1)(A)-(2)(N) Authorizing legislation This application must be submitted via email to competitivegrants@tea.texas.gov Application stamp-in date and time The 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 application by 11:59 p.m. CT, July 21, 2025. Grant period from September 1, 2025 - August 31, 2027 Pre-award costs permitted from **Not Permitted Required Attachments** 1. Excel workbook with the grant's budget schedules (linked along with this form on the TEA Grants Opportunities page)

Amendment Number

| Applicant Information | | | | | |
|---|--|---------------------|--|---|---------------------------------|
| Organization Education Service Center, Region 20 | ON 015950 | | UEI | JNV3BK8MKLE | 5 |
| Address 1314 Hines Avenue | City San Antor | nio | ZIP 78208 | Vendor ID 1 | 741587461 |
| Primary Contact Dr. Alexis Gutierrez Email | alexis.gutierrez@ | esc20. | net | Phone 210 | 0-370-5378 |
| Secondary Contact Carrie Helmke Email | carrie.helmke@e | esc20.n | et | Phone 210 | 0-370-5436 |
| Certification and Incorporation | | | | | |
| oinding agreement. I hereby certify that the information of and that the organization named above has authorized moinding contractual agreement. I certify that any ensuing compliance with all applicable federal and state laws and further certify my acceptance of the requirements conversed that these documents are incorporated by reference | ne as its represent program and acti regulations. eyed in the followi | ative to ivity will | obligate this be conducte ions of the ID | organization in a d in accordance C application, as | a legally and applicable, |
| IDC application, guidelines, and instructions |] | ∠ Deba | rment and Su | uspension Certifi | cation |
| General and application-specific Provisions and Assur | ances [| ∠ Lobb | ying Certifica | tion | |
| Authorized Official Name Dr. Jeff Goldhorn | | Title | Executive Dir | ector | |
| Email jeff.goldhorn@esc20.net | | | Phone 210-3 | 370-5600 | |
| Signature Jakahan (Jul 21, 2025 07:42 CDT) | | | Date | 07/21/2025 | |
| RFA # 701-25-120 SAS # 489-26 2025-2027 Statewi | ide ESSA Title I, F | Part A C | apacity Build | ling Initiative | Page 1 of 9 |

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

N/A

Shared Services Arrangements

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

Statutory/Program Assurances

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

Check each of the following boxes to indicate your compliance.

- ✓ 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 2025-2027 Statewide ESSA Title I, Part A Capacity Building Initiative Program Guidelines.
- ✓ The applicant provides assurance to adhere to all the Performance Measures, as noted in the 2025-2027 Statewide ESSA Title I, Part A Capacity Building Initiative Program Guidelines, and shall provide to TEA, upon request, any performance data necessary to assess the success of the program.
- The applicant provides assurance they accept and will comply with <u>Every Student Succeeds Act Provisions and Assurances</u> requirements.
- ✓ 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.
- ✓ 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.
- Any personnel or consultant travel approved in this grant must be reimbursed according to the applicant's written policies and procedures; however, reimbursement may not exceed State of Texas mileage allowance, General Services Administration (GSA) hotel rate, and per diem rate existing in the current Texas State Appropriations Act.

| CDN 015950 Vendor ID 1741587461 Amendment # N | Summary of | Program | | | |
|---|------------|-----------|------------|---------------|----|
| | CDN 015950 | Vendor ID | 1741587461 | Amendment # [| NA |

Provide an overview of the program to be implemented with grant funds. Include the overall mission and specific needs of the organization. Describe how the program will address the mission and needs.

Qualifications and Experience for Key Personnel

Provide data on the qualifications and experience of the existing or future staff members, as required per the program guidelines as follows: -At least (3) three years' working experience with Title I, Part A, program requirements, programs, and/or activities; -At least (3) three years' experience facilitating and/or leading ESC workgroups and projects that focused on Title I, Part A, related requirements, programs, and/or activities; -At least (2) years' experience providing ESCs and LEAs statewide training and/or technical assistance in Title I, Part A, requirements, programs and/or activities; -Collaborative and established working relationship and experience with other ESCs to complete Title I, Part A, related goals and/or outcomes; and -Proven capacity to develop and deliver high-quality professional development trainings with large-scale audiences, hybrid/blended models, and demonstration of successful implementation.

CDN 015950 Vendor ID 1741587461

Amendment # NA

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| GOAIS. | ()h | jectives | . and | Stra | teales |
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| Describe the major goals/objectives of the proposed program. What activities/strategies will be implemented to meet tho |
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| goals/objectives? |
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| | Vendor ID 1741587461 | Amendment # NA |
|----------------------------|-----------------------------|---|
| Goals, Objec | ctives, and Strategies, con | t'd. |
| Describe the goals/objecti | | proposed program. What activities/strategies will be implemented to meet those |
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| Performance | e and Evaluation Measure | S S |
| Describe the with the purp | performance measures identi | fied for this program which are related to student outcomes and are consistent he tools used to measure performance, as well as the processes that will be used |
| Describe the with the purp | performance measures identi | fied for this program which are related to student outcomes and are consistent he tools used to measure performance, as well as the processes that will be used |
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CDN 015950 Vendor ID 1741587461 Amendment # NA

| Budget Narrative | В | ud | g | et | N | ar | ra | ti | ve |
|------------------|---|----|---|----|---|----|----|----|----|
|------------------|---|----|---|----|---|----|----|----|----|

| Budget Narrative |
|--|
| 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. |
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| Check the appropriate box be | v to indicate whether any barriers exist to equitable access and participation for ar | ny groups |
|--------------------------------|---|-----------|
| that receive services funded b | his program. | |
| funded by this program | no barriers exist to equitable access and participation for any groups receiving ser | |
| Group | Barrier | |
| Group | Barrier | |

Barrier

Barrier

Equitable Access and Participation

Group

Group

CDN 015950 Vendor ID 1741587461

Amendment #

Appendix I: Amendment Description and Purpose (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. The following are required to be submitted for an amendment: (1) Page 1 of the application with updated contact information and current authorized official's signature and date, (2) Appendix I with changes identified and described, (3) all updated sections of the application or budget affected by the changes identified below, and, if applicable, (4) Amended Budget Request. Amendment Instructions with more details can be found on the last tab of the budget template.

You may duplicate this page

| Amended Section | Reason for Amendment |
|-----------------|----------------------|
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2025-2027 Statewide ESSA Title I, Part A Capacity Building Initiative Authorized by: ESEA of 1965, as amended by the ESSA

IMPORTANT NOTICE: Application Part 2 is not compatible with Google Docs.

Complete the supporting budget worksheets first, i.e., 6100, 6200, 6300.... The Budget Summary worksheet is linked to and will autopopulate with the amounts you entered on the respective supporting budget worksheets. All budgeted amounts must be entered in whole dollar amounts. Do not enter any cents.

If direct administrative costs are allowable, on each supporting budget worksheet complete the Total Program Costs and Total Direct Admin Costs lines. Together these lines must equal the Grand Total; otherwise, the field will change color to red to indicate an error. These amounts will automatically populate on the Budget Summary worksheet.

If pre-award costs are allowable, budget all pre-award costs in the Pre-Award Cost column on the appropriate supporting budget worksheet(s).

Payroll 6100

Complete this worksheet to request payroll costs. Do not request funds for consultants or contractors on this worksheet; those funds should be requested on the Professional and Contracted Services 6200 worksheet.

Professional and Contracted Services 6200

Complete this worksheet to request professional services, consulting services, and contracted services.

Supplies and Materials 6300

Complete this worksheet to request supplies and materials.

Other Operating Costs 6400

Complete this worksheet to request other operating costs. Be sure to comply with documentation requirements, where applicable.

Debt Service 6500

Complete this worksheet to request costs related to lease liabilities with terms greater than 12 months. Only request costs necessary to fulfill grant project objectives.

Capital Outlay 6600

Complete this worksheet to request capital outlay costs.

Capital outlay means funds budgeted or expended to purchase capital assets, such as equipment, or expenditures for the acquisition cost of capital assets. Capital assets are tangible or intangible assets having a useful life of more than one year, which are valued at \$5,000 or greater per unit, or the applicant's capitalization level, whichever is less. Capital outlay may include expenditures to make improvements to capital assets that materially increase their value or useful life.

Budget Summary

This worksheet auto-populates from the supporting budget worksheets for Program Costs, Direct Admin Costs, and Pre-award Costs, if applicable. There are only a few fields that may require input from the grantee, if applicable, such as indicating *Consolidate Administrative Funds, Indirect Costs, Shared Services Arrangement,* or the *Administrative Cost Calculation*.

Consolidate Administrative Funds - If applicable, click on the cell, then click on the arrow that appears. Select "Yes, No, or N/A" from the drop down selection.

Indirect Costs — Refer to the Maximum Indirect Costs Worksheet on the Grants Administration Division's <u>Grant Resources</u> webpage to calculate the maximum indirect costs that may be claimed for the grant. Enter the amount of indirect costs budgeted for this grant on line 8 under the Total Budgeted Cost column.

Shared Services Arrangement — If applicable, enter amount of payments to member districts on line 10.

Direct Administrative Cost Calculation — Enter the applicant's total award amount to determine the maximum amount allowable for direct administrative costs.

For budgeting assistance, see the Budgeting Guidance and Related Forms section on the Grants Administration Division's Grant Resources webpage.

webpage.

County District Number or Vendor ID:

2025-2027 Statewide ESSA Title I, Part A Capacity Building Initiative Authorized by: ESEA of 1965, as amended by the ESSA

Payroll Costs (6100)

015950

Amendment #:

| | | ., | , | | |
|------|---|--|--|--------|--|
| | Employee Position Title | Estimated # of Positions 100% Grant Funded | Estimated # of Positions Less than 100% Grant Funded | | Grant Amount Budgeted |
| Acad | demic/Instructional | | | | |
| _ | Teacher | | | \$ | - |
| | Educational Aide | | | \$ | - |
| 3 | Tutor | | | \$ | - |
| Prog | ram Management and Administration | | • | | |
| | Project Director | | | | |
| | Project Coordinator | | | \$ | - |
| | Teacher Facilitator | | | \$ | - |
| 7 | Teacher Supervisor | | | \$ | - |
| | Secretary/Admin Assistant | | | \$ | - |
| | Data Entry Clerk | | | \$ | - |
| | Grant Accountant/Bookkeeper | | | \$ | - |
| 11 | Evaluator/Evaluation Specialist | | | \$ | - |
| Auxi | liary | | | | |
| 12 | Counselor | | | \$ | - |
| 13 | Social Worker | | | \$ | - |
| 14 | Community Liaison/Parent Coordinator | | | \$ | - |
| Educ | cation Service Center (to be completed by ESC only when ESC | is the applicant) | | | |
| 15 | ESC Specialist/Consultant | 1 | | \$ | 74,000 |
| 16 | ESC Coordinator/Manager/Supervisor | | 1 | \$ | 29,000 |
| 17 | ESC Support Staff | | 1 | \$ | 40,000 |
| 18 | ESC Other: Project Manager | 1 | | \$ | 95,000 |
| 19 | ESC Other: (Enter position title here) | | | \$ | - |
| 20 | ESC Other: (Enter position title here) | | | \$ | - |
| Othe | er Employee Positions | | | | |
| 21 | (Enter position title here) | | | \$ | - |
| 22 | (Enter position title here) | | | \$ | - |
| 23 | | S | ubtotal Employee Costs: | \$ | 238,000 |
| Subs | stitute, Extra-Duty Pay, Benefits Costs | | | | |
| 24 | 6112 - Substitute Pay | | | \$ | - |
| 25 | 6119 - Professional Staff Extra-Duty Pay | | | \$ | - |
| 26 | 6121 - Support Staff Extra-Duty Pay | | | \$ | - |
| 27 | 6140 - Employee Benefits | | | \$ | 44,878 |
| 28 | 61XX - Tuition Remission (IHEs only) | | | \$ | - |
| 29 | Subtot | al Substitute, Extra-l | Duty Pay, Benefits Costs: | \$ | 44,878 |
| 30 | | | Grand Total: | | 282,878 |
| 31 | | | Total Program Costs*: | \$ | 282,878 |
| 32 | | To | otal Direct Admin Costs*: | \$ | _ |
| | mplete the Total Program Costs (line 31) and Total Direct Admerwise, the field will change color to red to indicate an error. | | | | - |
| For | budgeting assistance, see the Budgeting Guidance and R | elated Forms section | on on the Grants Admin | istrat | tion Division's <u>Grant Resources</u> |

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|--|----------------------|--|--|--|
| Changes on this page have been confirmed with: | On this date: | | | |
| Via telephone/email (list as appropriate): | By TEA staff person: | | | |

NA

13

2025-2027 Statewide ESSA Title I, Part A Capacity Building Initiative Authorized by: ESEA of 1965, as amended by the ESSA

| | Authorized by: ESEA of 1965, as amended by the ESSA | |
|-----------------|--|-------------------------------|
| Cou | nty District Number or Vendor ID: 015950 Amendment #: | NA |
| | Professional and Contracted Services (6200) | |
| | OTE: Specifying an individual vendor in a grant application does not meet the applicable re | · · |
| pro | oviders. TEA's approval of such grant applications does not constitute approval of a sole-so | urce provider. Please provide |
| | a brief description for the service and purpose. | |
| | Description of Service and Purpose | Grant Amount Budgeted |
| | 6269 - Rental or lease of buildings, space in buildings, or land | |
| 1 | Building space/fees for grant staff | \$ 5,000 |
| | Service: Keynote speaker | |
| 2 | Speaker for Title I Compliance Academy events | \$ 8,000 |
| | Service: Conference Facility Rental | |
| 3 | Event facility rental for Title I Compliance Academies and Grant Compliance Academy | \$ 23,000 |
| | Service: Graphic Designer | |
| 4 | Contractor to assist with creating tools and resources in alignment with grant scope | \$ 5,000 |
| | Service: Media production consultant | |
| _ | Contractor to assist with video production for NDS, modules, and other tools and resources | ć 4.000 |
| 5 | Service: | \$ 4,000 |
| | SCI VICE. | |
| 6 | (Specify purpose here) | \$ - |
| | Service: | |
| 7 | (Specify purpose here) | \$ - |
| | Service: | |
| 8 | (Specify purpose here) | \$ - |
| | | |
| 9 | Subtotal of professional and contracted services requiring specific approval: | \$ 45,000 |
| 10 | Remaining 6200 - Professional and contracted services that do not require specific | ٠ |
| 10 11 | approval. Grand Total: | \$ - \$ 45,000 |
| <u>11</u> 12 | Total Program Costs*: | |

*Complete the Total Program Costs (line 12) and Total Direct Admin Costs (line 13) lines. The sum of these lines must equal the Grand Total (line 11); otherwise, the field will change color to red to indicate an error. These amounts will automatically populate on the Budget Summary worksheet.

Total Direct Admin Costs*: \$

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| Via telephone/email (list as appropriate): | By TEA staff person: | | | | |

2025-2027 Statewide ESSA Title I, Part A Capacity Building Initiative Authorized by: ESEA of 1965, as amended by the ESSA

| Cou | nty District Number or Vendor ID: 01595 | 0 | Amendment #: NA | |
|-----|---|-----|-----------------------|--------|
| | Supplies and Ma | ter | ials (6300) | |
| | Expense Item Description | | Grant Amount Budgeted | |
| | Remaining 6300 - Supplies and materials that do not require | 5 | | |
| 1 | specific approval: | | \$ | 10,000 |
| 2 | Grand Tota | l: | \$ | 10,000 |
| 3 | Total Program Costs ³ | *: | \$ | 10,000 |
| 4 | Total Direct Admin Costs ³ | * : | \$ | - |

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|--|----------------------|--|--|--|--|
| Changes on this page have been confirmed with: | On this date: | | | | |
| Via telephone/email (list as appropriate): | By TEA staff person: | | | | |

^{*}Complete the Total Program Costs (line 3) and Total Direct Admin Costs (line 4) lines. The sum of these lines must equal the Grand Total (line 2); otherwise, the field will change color to red to indicate an error. These amounts will automatically populate on the Budget Summary worksheet.

2025-2027 Statewide ESSA Title I, Part A Capacity Building Initiative Authorized by: ESEA of 1965, as amended by the ESSA

| Cou | unty District Number or Vendor ID: 015950 Amendment #: | NA | |
|-----|---|-------|------------------------------|
| | Other Operating Costs (6400) | | |
| | Expense Item Description | | Grant Amount Budgeted |
| | 6411 - Out-of-state travel for employees. Must be allowable per Program Guidelines and | | |
| 1 | grantee must keep documentation locally. | \$ | - |
| | 6412 - Travel for students to conferences (does not include field trips). Requires pre- | | |
| 2 | authorization in writing. | | |
| | | | |
| | (Enter name and purpose of conference) | \$ | - |
| | 6412/6494 - Educational Field Trip(s). Must be allowable per Program Guidelines, and | | |
| 3 | grantee must keep documentation locally. | \$ | - |
| 4 | 6413 - Stipends for non-employees other than those included in 6419. | \$ | - |
| | 6419 - Non-employee costs for conferences. Requires pre-authorization | | |
| 5 | in writing. | \$ | - |
| | 6411/6419 - Travel costs for officials such as Executive Director, Superintendent, or | | |
| | Local Board Members. Allowable only when such costs are directly related to the grant. | | |
| 6 | Must be allowable per Program Guidelines and grantee must keep out-of-state travel | | |
| | documentation locally. | \$ | - |
| | 6495 - Cost of membership in civic or community organizations. | | |
| 7 | | | |
| | (Enter name and purpose of organization) | \$ | - |
| | 64XX - Hosting conferences for non-employees. Must be allowable per Program | | |
| 8 | Guidelines, and grantee must keep documentation locally. | \$ | - |
| 9 | Subtotal of other operating costs (6400) requiring specific approval: | \$ | - |
| | Remaining 6400 - Other operating costs that do not require specific | | |
| 10 | approval. | \$ | 15,000 |
| 11 | Grand Total: | | 15,000 |
| 12 | Total Program Costs*: | \$ | 15,000 |
| 13 | Total Direct Admin Costs*: | | |
| *Co | mplete the Total Program Costs (line 12) and Total Direct Admin Costs (line 13) lines. The sum of | these | e lines must equal the Grand |

*Complete the Total Program Costs (line 12) and Total Direct Admin Costs (line 13) lines. The sum of these lines must equal the Grand Total (line 11); otherwise, the field will change color to red to indicate an error. These amounts will automatically populate on the Budget Summary worksheet.

Forms to seek approval or document intent for applicable activities listed above are available on TEA's <u>Forms for Prior Approval, Disclosure, and Justification</u> page.

In-state travel for employees does not require specific approval.

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| Via telephone/email (list as appropriate): | By TEA staff person: | | | | |

Via telephone/email (list as appropriate):

2025-2027 Statewide FSSΔ Title L. Part Δ Canacity Building Initiative

| App | Authorized by: ESEA of 1965, as amended by the ESSA | | | | | | | |
|-----|---|-----------------------------|----------------------------|--------------------------------|--|--|--|--|
| Cau | | - | - | NΙΔ | | | | |
| Cou | nty District Number or Vendor ID: | 015950 Debt Service (6500) | Amenament #: | IVA | | | | |
| NO. | TE: Use this schedule to budget funds to retire | | iahilities with terms grea | iter than 12 months and to | | | | |
| 110 | pay interest accrued on those leases. In Part 2 | • • | | | | | | |
| | (Principal Costs) and why it is nec | | • | | | | | |
| | | , . | Ü | 1 0 | | | | |
| | Expense Item Description | | Grant Amo | ount Budgeted | | | | |
| Par | t 1: Lease Liabilities with Terms Greater Than | | | | | | | |
| | 6514 - Subscription-based Information Techn | \$ | - | | | | | |
| 1 | (SBITA) Liability - Principal Costs | | | | | | | |
| 2 | 6526 - Subscription-based Information Techn (SBITA) Liability - Interest Costs | \$ | - | | | | | |
| | 6512 - Capital Lease Liability - Principal Costs | | \$ | _ | | | | |
| | 6522 - Capital Lease Liability - Frincipal Costs | | \$ | - | | | | |
| | 6523 - Interest on Debt Costs | | \$ | - | | | | |
| 6 | | d Total (sum of all lines): | | - | | | | |
| 7 | | Total Program Costs*: | • | - | | | | |
| 8 | То | tal Direct Admin Costs*: | \$ | - | | | | |
| | mplete the Total Program Costs (line 7) and Total al (line 6); otherwise, the field will change color to | | | - | | | | |
| | get Summary worksheet. | | | | | | | |
| Par | t 2: Description of Subscription or Property w | rith Justification | | | | | | |
| | | | | SBITA Cost / Property | | | | |
| | Subscription/Property and Justification | Contract Start Date (for | Contract End Date (for | Value | | | | |
| | | full term of contract)** | full term of contract)** | (total Principal Cost for full | | | | |
| | (Enter description of subscription (6514) or | | | term of contract) | | | | |
| | property being leased (6512) and provide | | | | | | | |
| ۵ | justification of grant relevance) | | | \$ - | | | | |
| 9 | (Enter description of subscription (6514) or | | | - - | | | | |
| | property being leased (6512) and provide | | | | | | | |
| 10 | justification of grant relevance) | | | \$ - | | | | |
| 10 | (Enter description of subscription (6514) or | | | 7 | | | | |
| | property being leased (6512) and provide | | | | | | | |
| 11 | justification of grant relevance) | | | \$ - | | | | |
| | (Enter description of subscription (6514) or | | | ' | | | | |
| | property being leased (6512) and provide | | | | | | | |
| 12 | justification of grant relevance) | | | \$ - | | | | |
| 13 | | Property Value | Total (sum of all lines): | \$ - | | | | |
| **C | ontract dates must indicate a period greater than | | - 1 | | | | | |
| | | | | | | | | |
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| Cha | nges on this page have been confirmed with: | | On this date: | | | | | |

By TEA staff person:

2025-2027 Statewide ESSA Title I, Part A Capacity Building Initiative Authorized by: ESEA of 1965, as amended by the ESSA

| County District Number or Vendor ID: | 015950 | Amendm | ent #: | | NA |
|---|--------------------|-----------------|--------|-------------------------------|----|
| | Capital Outlay (66 | 00) | | | |
| Description and Purpose | Quantity | Unit Co | st | Grant Amount Budgeted | t |
| 6669 - Library Books and Media (capitalized and c | ontrolled by libra | ry) | | | |
| 1 | N/A | N/A | | \$ | - |
| 66XX - Computing Devices, capitalized | | | | | |
| 2 (Enter description and brief purpose) | | \$ | 1 | \$ | - |
| 3 | | \$ | - | \$ | - |
| 4 | | \$ | - | \$ | - |
| 5 | | \$ | - | \$ | - |
| 6 | | \$ | - | \$ | - |
| 7 | | \$ | - | \$ | - |
| 8 | | \$ | - | \$ | - |
| 66XX - Software, capitalized | | T | | | |
| 9 (Enter description and brief purpose) | | \$ | - | \$ | - |
| 10 | | \$ | - | \$ | - |
| 66XX - Equipment, furniture, or vehicles | | ı | | ı | |
| 11 (Enter description and brief purpose) | | \$ | - | \$ | - |
| 12 | | \$ | - | \$ | - |
| 66XX - Capital expenditures for additions, improve their value or useful life (not ordinary repairs and | | ications to ca | apital | assets that materially increa | se |
| 13 (Enter description and brief purpose) | ateriancej | | | \$ | _ |
| 14 | Grand Total | l (sum of all l | ines): | | |
| 15 | | al Program C | | · · | - |
| 16 | | ect Admin C | | | - |
| *Complete the Total Program Costs (line 15) and Total Grand Total (line 14); otherwise, the field will change of | | - | | | |

on the Budget Summary worksheet.

| FOR TEA USE ONLY | | | | |
|--|----------------------|--|--|--|
| Changes on this page have been confirmed with: | On this date: | | | |
| Via telephone/email (list as appropriate): | By TEA staff person: | | | |

2025-2027 Statewide ESSA Title I, Part A Capacity Building Initiative Authorized by: ESEA of 1965, as amended by the ESSA

| Cοι | unty Distric | t Number or Vendor ID: | | | 015950 | | | Am | endment #: | NA |
|-------------------------------------|------------------------------------|-------------------------------|------------|---------|------------|-------|---------------|-----|------------|------------|
| Grant Period: September 1, 2025, to | | August 31, 2027 | | | Fund Code: | | | | 211 | |
| | | | E | 3udg | et Summary | | | | | |
| | | | | | | | Source of Fur | nds | | |
| | Doo | swinting and Durance | Class/ | | | | Direct | | | |
| | Des | cription and Purpose | Object | Pr | ogram Cost | Ad | ministrative | | Total Budg | geted Cost |
| | | | Code | | | | Cost | | | |
| 1 | Payroll Co | sts | 6100 | \$ | 282,878 | \$ | - | \$ | | 282,878 |
| 2 | Profession | al and Contracted Services | 6200 | \$ | 45,000 | \$ | - | \$ | | 45,000 |
| 3 | Supplies a | upplies and Materials | | \$ | 10,000 | \$ | - | \$ | | 10,000 |
| 4 | Other Ope | rating Costs | 6400 | \$ | 15,000 | \$ | - | \$ | | 15,000 |
| 5 | Debt Servi | ce | 6500 | \$ | - | \$ | - | \$ | | 1 |
| 6 | Capital Ou | tlay | 6600 | \$ | - | \$ | - | \$ | | • |
| | Consolidating Administrative Funds | | | ? | | | N/A | | | |
| 7 | | Total Dire | ct Costs: | \$ | 352,878 | \$ | - | \$ | | 352,878 |
| 8 | | * Indire | ect Costs: | | | | | \$ | | 27,122 |
| 9 | 9 Total of All Budgeted Costs : | | \$ | 352,878 | \$ | - | \$ | | 380,000 | |
| Shared Services Arrangeme | | | | | | nt (S | SSA) | | | |
| | Of the Tot | al of All Budgeted Costs, how | | | | | | | | |
| 10 | much will of SSAs? | be passed to member districts | 6493 | \$ | - | \$ | - | \$ | | - |
| | • | | | | | | | | | |

*For current year indirect cost rates, please visit the Federal Fiscal Compliance and Reporting Indirect Cost Rates page.

Indirect costs are not required to be budgeted in the grant application in order to be charged to the grant. Indirect costs are calculated and reimbursed based on actual expenditures when reported in the expenditure reporting system, regardless of the amount budgeted and approved in the grant application. Indirect costs claimed are part of the total grant award amount, not in addition to the grant award amount. Do not submit an amendment solely for the purpose of budgeting indirect costs.

To calculate maximum indirect costs, please use the Maximum Indirect Costs Worksheet available on the Grants Administration Division's Grant Resources webpage.

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|--|----------------------|--|--|--|--|
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2025-2027 Statewide ESSA Title I, Part A Capacity Building Initiative Authorized by: ESEA of 1965, as amended by the ESSA

| | | | |
|--------------------------------------|------|-------------|---|
| County District Number or vendor ID: | 0 | Amendment # | 0 |
| | - | | |

SUBMITTING AN AMENDMENT

This worksheet is used to amend the budget of a grant application that has been approved by TEA and issued a Notice of Grant Award (NOGA). Refer to the amendment instructions (orange tab) located on this Excel workbook for information about when to submit an amendment and the documents required.

| AMENDED BUDGET REQUEST | | | | | | | | |
|--|-----------------------|--|-------------------|--------------------|-----------------------|--|--|--|
| Description | Class/ Object Code | A. Grand Total from Previously Approved Budget | B. Amount Deleted | C. Amount Added | D. New Grand Total | | | |
| 1 Payroll Costs | 6100 | | | | \$ - | | | |
| 2 Professional and Contracted Services | 6200 | | | | \$ - | | | |
| 3 Supplies and Materials | 6300 | | | | \$ - | | | |
| 4 Other Operating Costs | 6400 | | | | \$ - | | | |
| 5 Debt Service | 6500 | | | | \$ - | | | |
| 6 Capital Outlay | 6600 | | | | \$ - | | | |
| 7 Total Direct Costs: | | \$ - | \$ - | \$ - | \$ - | | | |
| 8 Indirect Costs: | | | | _ | \$ - | | | |
| 9 Total Costs: | | \$ - | \$ - | \$ - | \$ - | | | |

| FOR TEA USE ONLY | |
|---|----------------------|
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| Via telephone/fax/email (circle as appropriate) | By TEA staff person: |

Instructions: Request for Amendment

After the original application is approved and the grantee has received the Notice of Grant Award (NOGA), the grantee may need to make changes to the budget or the planned program. Most grantees are permitted to make some changes to the budget or program without notifying or getting approval from TEA. (Some grantees are required to notify and get approval from TEA for all changes to their budget or programs.) In other cases, however, the grantee is required to submit formal notice to TEA of the desire or intent to change the budget or program.

For all grants, regardless of dollar amount, prior written approval is required to make certain changes to the application. Refer to the "When to Amend the Application" document posted in the Amendment Submission Guidance section of the Grants Administration Division's Administering a Grant page to determine when an amendment is required for this grant. https://tea.texas.gov/Finance_and_Grants/Administering_a_Grant.aspx. "When to Amend the Application" provides details on which grantees are and are not required to submit amendments and when amendments are required. Also refer to the General and Fiscal Guidelines, Amending the Application, for more detailed information about amendments.

Regardless of how a grantee amends the application to distribute funds among the class/object codes, the grantee is still responsible for carrying out the scope and objectives of the grant as described in the approved application.

TEA reserves the right to reject unnecessary amendments without reviewing and approving them.

Submitting an Amendment

An amendment must be submitted when the program plan or budget is altered for the reasons described in the "When to Amend the Application" guidance posted in the Amendment Submission Guidance section of the Administering a Grant page of the TEA website.

How to Submit an Amendment

An amendment may be submitted by email to competitivegrants@tea.texas.gov

The last day to submit an amendment to TEA is listed on the TEA Grant Opportunities page. An amendment is effective on the day TEA receives it in substantially approvable form. All amendments are subject to review and approval by TEA.

Pages to Include with an Amendment

Required for **all** amendment requests

- 1. Page one of the application with up-to-date contact information and current authorized official's signature and date
- 2. Appendix I: Amendment Description and Purpose

Required for budget amendment requests

- 3. Amended Budget Request from the Excel budget workbook
- 4. Updated Program Budget Summary from the Excel budget workbook
- 5. Updated supporting budget pages from the Excel budget workbook

Assembling the Amendment

Follow these steps to complete all schedules required to be submitted:

1. Complete page 1

- a. Complete the box in the upper right corner of the schedule by indicating the number of the amendment. The first amendment you submit for the grant is #1; if that amendment is approved, the next amendment becomes #2.
- b. Ensure all applicant information is current and correct.
- c. Ensure the authorized official information is current and correct. The authorized official must sign and date with the date that the amendment is being submitted.

2. Complete Appendix I: Amendment Description and Purpose

- a. Choose the section you wish to amend from the drop down menu
- b. Describe the changes you are making and the reason for the changes. 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.

(example) Payroll 6300 —Reduce amount for extra-duty pay—Staff was able to complete training during regular working hours.

3. If you are requesting a budget change, complete the Amended Budget Request page from the Excel budget workbook

- a. In column A, enter the grand total for each class/object code in the most recently approved application or amendment.
- b. In column B, enter the amount being deleted from each class/object code.
- c. In column C, enter the amount being added to each class/object code.
- d. Column D and the total direct cost line will automatically calculate your changes
- 4. If you are requesting a budget change, complete the Program Budget Summary page and the corresponsding supporting budget page with the new amounts.
- 5. Do not resubmit any attachments required in the original application.