

□ \* ПДОМ ДСЗОГЕДМГВО ИХГНОТ СЛЖЕДОВНОВАМ/ВНОХ  
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DSSOГЕДЕОН ДОЕ МКДМ МКНЛН ЕВЕХЬНОМА ДНН ГО  
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ДЕЕКНОДОЕН ДОЕ ЕВЪЗОГДОЕН ЗГМК ДОО DSSOГЕДЕ  
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**§ВНОЕВНОМ ІХЬЕНН**

ЕНІХГННОЕ ДММ ДЕКЬНОМА

§ХМКВНОГІГОІ ОНІГЛОДМГВО ЕДИНН §ВЪХОГМГН

**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.



## 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

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RFA/SAS # 701-23-120/634-24

2024-2025 Stronger Connections Grant

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9. Statutory/ TEA Program Requirements

1. Describe how the LEA will identify the campuses that will participate in the establishment of the Student Support Program described in the program description? Include the criteria or considerations that will influence the determination by the LEA.

Due to our rural and isolated location, Ramirez CSD only has one campus. This campus services grades PK-6. Therefore we did not need to identify specific campuses to target for the Student Support Program. While this was not needed, we did review the following factors, to determine if this grant, and the Student Support Program, were something that we needed.
€ Number and Percentage of underprivileged populations (i.e., at-risk, economically disadvantaged, etc.) will be prioritized.
€ Factors such as staff expertise, infrastructure, existing support services, and partnerships with external organizations.
€ Academic, social-emotional, and behavioral needs of students at our campus (PEIMS reports will be reviewed to assess data).
€ Student achievement scores, attendance rates, and demographic data.
€ Feedback from school administrators, teachers, staff, parents, and community members will be used to gain insight to which strategies and resources will be used from the Student Support Program.
€ Enhancement plans or similar documents that detail goals and tactics for improving student performance were reviewed to ensure they align with the program's goals and thus benefit from the extra assistance.
Based on the review of this data, the district determined that our campus could benefit greatly from the Student Support Program that will be implemented with this Stronger Connections Grant Program.

2. Describe how the LEA will ensure that campus leaders and staff are committed to the success of the Student Support Program.

RCSD will provide students with a safe, inclusive, and supportive learning environment. To ensure this is done, our district will implement the following measures, which promote staff commitment:
• We will provide adequate resources, including funding, staffing, and support services, to facilitate the implementation of the SSP. This will ensure the campus leader and staff do not get overwhelmed with the grant initiatives and remain committed to its success. Training and support assistance such as management, reporting, and compliance will also be provided through district contracted services to foster grant success.
• We will ensure that the campus leader and staff receive clear communication and training regarding the program's goals, objectives, and activities. This will help them better understand the importance of the program's implementation; thereby, promoting commitment.
• To foster collaboration and engagement, we will ensure a collaborative environment is cultivated, actively involving the campus leader and staff in the development and implementation of the SSP. Open dialogue, feedback mechanisms, and involvement by stakeholders in decision-making processes will encourage commitment to the program.
Through these strategies, we will ensure the full commitment of the campus leader and staff in the SSP. By doing so, the program will effectively address issues like bullying, violence, and acts of hate, while also supporting students' holistic needs.

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**9. Statutory/Program Requirements (Cont.)**

7. Describe how the LEA currently partners with the regional ESC to support improvement in student mental health, behavioral and emotional health, physical health and wellbeing, and improving academic outcomes for students.

We currently partner with Region 2 ESC to support and improve student well-being and academic outcomes. This collaboration includes:  
1. Mental Health: We collaborate with Region 2 ESC to receive evidence-based professional development training that covers mental health issues. Topics discussed include ways to address and identify students exhibiting signs of

8. Describe how the LEA will use this grant program to supplement current work to improve services and supports for the mental health, behavioral and emotional health, and physical health and wellness of students.

9. Enter the LEA Total Enrollment:

10. Enter the Regional Educational Service Center that serves the LEA:

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**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.

**Payroll Costs**

	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>

**Professional and Contracted Services**

	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>

**Supplies and Materials**

11.	<input type="text"/>	<input type="text"/>
12.	<input type="text"/>	<input type="text"/>
13.	<input type="text"/>	<input type="text"/>

**Other Operating Costs**

15.	<input type="text"/>	<input type="text"/>
16.	<input type="text"/>	<input type="text"/>
17.	<input type="text"/>	<input type="text"/>

**Debt Services**

18.	<input type="text"/>	<input type="text"/>
19.	<input type="text"/>	<input type="text"/>

Indirect administrative costs:

**TOTAL GRANT AWARD REQUESTED:**

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**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 mailed OR faxed (not both). To fax: one copy of all sections pertinent to the amendment (including budget attachments), along with a completed and signed page 1, to either (512) 463-9811 or (512) 463-9564. To mail: three copies of all sections pertinent to the amendment (including budget attachments), along with a completed and signed page 1, to the address on page 1. 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
<input type="text"/>	
<input type="text"/>	
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