Application Status: Draft

FORMULA

Application ID: 0024130632500001

éGrants Application

SAS#: SIGGAA20

Campus/Site: N/A Vendor ID: 1752855334

Organization: CROSSTIMBERS ACADEMY

County District: 184801

ESC Region: 11

School Year: 2019-2020

| | 2019-2020 Title I, 1003 – 5 Cer | School Improvement Gran tify and Submit | t Application | | | |
|---|--|--|---------------|-------------|----------------|--|
| | | | | Amendment # | Version # | |
| | | | | 00 | 01 | |
| Application ID: | 002413-063250-00-01 | Status: | Draft | | | |
| TEA Due Date: | 11/8/2019 5:00:00 PM | Application Type: | Formula | | | |
| Organization: | CROSSTIMBERS ACADEMY | | | | | |
| Campus/Site: | N/A | SAS #: | SIGGAA20 | | | |
| Warning: | Be sure to exit all schedules by using the Table of NOT the browser BACK button. | Contents button, | | | | |
| Form Description | | F | Required | Last Upda | ated | |
| 🖃 📇 General Info | ormation | | | | | |
| 🛄 🎻 GS2100 - Appl | icant Information | | * | 10/11, | /2019 11:06 AM | |
| 🕞 🖂 Program De | escription | | | | | |
| | ram Abstract and Needs Assessment | | * | 11/2, | /2019 12:10 PM | |
| PS3400 - Equitable Access and Participation | | | * | 11/2, | /2019 12:06 PM | |
| 🖃 🔄 Program Bu | ⊡😋 Program Budget | | | | | |
| 🛄 🎻 BS6004 - Prog | ram Budget Summary and Support | | * | 11/2, | /2019 12:05 PM | |
| ⊡ | Assurances and Certifications | | | | | |
| 📖 🎻 CS7000 - Provi | isions, Assurances and Certifications | | * | 11/2 | /2019 12:07 PM | |

Certification and Incorporation

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:
 Select One
 v
 or
 Add New Contact

 First Name
 Initial
 Last Name
 Title
 Title

| Flist Name | | Initial Last Name | | THUE | |
|---------------------------------|-------------|-------------------|-------------------|-------------|------------------------|
| | | | | | |
| Telephone | Ext. | E-mail | | | |
| | | | | | |
| Submitter Information | | | | | |
| First Name | | Last Name | | Approval II | D Submit Date and Time |
| | | | | | |
| Only the legally responsible pa | rty may sub | omit this report. | | | Certify and Submit |
| | | Table of Contents | Printable Version | Save | |

| Schedule Status: Complete | | | FORMULA | | | Applicatio | on ID: 0024130632500001 |
|----------------------------------|----------|----------------------|------------------------|----------------|-------------------------|------------|-------------------------|
| e Grants Application | Organiza | tion: CROSSTIMBER | S ACADEMY | | County District: 184801 | | |
| TEXAS EDUCATION AGENCY | | Site: N/A | | ESC Region: 11 | | | |
| SAS#: SIGGAA20 | Vendor I | D: 1752855334 | | | School Year | : 2019-20 | 20 |
| | 2019-20 | 20 Title I. 100 |)3 – School Improveme | ent Gra | nt Application | | |
| | | - | General Information | | | | |
| | | | 00 - Applicant Informa | tion | | | |
| | | 6521 | | tion | | | |
| Part 1: Organization Information | | | | | | | |
| Applicant | | | | | | | |
| Organization Name | | | | | | | |
| CROSSTIMBERS ACADEMY | | | | | | - | 1 |
| Mailing Address Line 1 | | Mailing Address Li | ne 2 | City | | State | Zip Code |
| P O BOX 1327 | | | | WEATHE | RFORD | ТΧ | 76086- |
| DUNS Number | | | | | | | |
| 800325867 | | | | | | | |
| School/Campus or Site | | | | | | | |
| Organization Name | | | | | | | |
| | | | | | | | |
| Mailing Address Line 1 | | Mailing Address Li | ne 2 | City | | State | Zip Code |
| | | | | | | | |
| Part 2: Applicant Contact | | | | | | | |
| Primary Contact | | | Select (| Contact: | Select One | or | Add New Contact |
| First Name | | Initial Last Name | e | | Title | | |
| JASON | | BUNTING | | | CEO | | |
| Telephone | Ext. | E-mail | | | | | |
| 817-594-6220 | j | bunting@ctacharter.c | com | | | | |
| Secondary Contact | | | Select 0 | Contact: | Select One | or | Add New Contact |
| First Name | | Initial Last Name | e | | Title | | |
| ELIZABETH | | ROOK | | | GRANT COORD | | |
| Telephone | Ext. | E-mail | | | | | |
| 817-594-6220 | I | ookmail@sbcglobal.n | net | | | | |

| Schedule Status: Complete | FOR | MULA | Application ID: | 0024130632500001 |
|--|---|--|---|---|
| eGrants Application | Organization: CROSSTIMBERS ACADEMY | | County District: 184801 | |
| TEXAS EDUCATION AGENCY | Campus/Site: N/A | | ESC Region: 11 | |
| SAS#: SIGGAA20 | Vendor ID: 1752855334 | | School Year: 2019-2020 | |
| | 2019-2020 Title I, 1003 - Schoo | l Improvement Gran | t Application | |
| | Program | Description | | |
| | PS3010 - Program Abstra | act and Needs Assess | sment | |
| Program Implementation is in accordance Specific Provisions and Assurances and Gu | with the Program Specific Provisions and Assurar idelines, visit the <u>TEA Grant Opportunities webpa</u> | nces certified prior to the comp age. | letion of this application. To view the Ger | neral and Program |
| Part 1: District Abstract | | | | |
| Campus | Identification | (| Open Enrollment Charter School | |
| Comprehensive | | • Yes O No | | |
| Part 2: LEA Level Activities | | | | |
| | District Commitment to Support Co | mprehensive Schools | | Estimated Percentage (Not to Exceed 50%) |
| | EA level to support LEA level activities designed | | ing the school goal(s). | 51 |
| | omprehensive schools through the LEA level acti L DEVELOPMENT FOR ADMINISTRATIVE AND INS | - 1 | | 2874 of 3000 |
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| Schedule Status: Complete | FORMULA | Application ID: 0024130632500001 | | | | | | |
|---|--|----------------------------------|---|---------------|--|--|--|--|
| e Grants Application | Organization: CROSSTIMBERS ACADEMY | County Distric | County District: 184801 | | | | | |
| TEXAS EDUCATION AGENCY | XAS EDUCATION AGENCY Campus/Site: N/A | | | | | | | |
| SAS#: SIGGAA20 | School Year: 2 | 019-2020 | | | | | | |
| | 2019-2020 Title I, 1003 – School Improvement Grant Ap | oplication | | | | | | |
| | Program Description | | | | | | | |
| | PS3010 - Program Abstract and Needs Assessment | | | | | | | |
| Part 3: Strategies to Support Comprehensive Schools | | | | | | | | |
| | | Services Provided By | | | | | | |
| | Actions | Education Service Center | <u>Education</u> <u>Support</u> <u>Service</u> <u>Provider</u> | Local Effort* | | | | |
| 1. Improve efforts to develop campus ins | tructional leaders with clear roles and responsibilities | | | | | | | |
| 2. Build capacity to recruit, select, assign | , induct, and retain a full staff of highly qualified educators | | | | | | | |
| 3. Develop compelling and aligned vision, | 3. Develop compelling and aligned vision, mission, goals, values focused on a safe environment and high expectations | | | | | | | |
| 4. Build capacity to deploy curriculum and | 4. Build capacity to deploy curriculum and assessments aligned to TEKS with a year-long scope and sequence | | | | | | | |
| 5. Improve efforts to develop objective-d | 5. Improve efforts to develop objective-driven daily lesson plans with formative assessments | | | | | | | |
| 6. Improve actions and processes around | . Improve actions and processes around data-driven instruction | | | | | | | |
| 7. Developing and implementing other ev | idence-based improvement strategies | | | | | | | |

*LEA has the capacity to effectively take action to address the focus area through efforts at the district or campus level. This may include, but is not limited to adequate staff, resources, time, etc. required to meet the needs of improvement efforts in the chosen focus area.

| Schedule Status: Complete | FORMULA | Application ID: 0024130632500001 | | | | | | | |
|----------------------------|--|----------------------------------|--|--|--|--|--|--|--|
| e Grants Applicat | Organization: CROSSTIMBERS ACADEMY | County District: 184801 | | | | | | | |
| TEXAS EDUCATION AG | Campus/Site: N/A | ESC Region: 11 | | | | | | | |
| SAS#: SIGGAA20 | Vendor ID: 1752855334 | School Year: 2019-2020 | | | | | | | |
| | 2019-2020 Title I, 1003 – School Improvement Grant Application | | | | | | | | |
| Program Description | | | | | | | | | |
| | PS3400 - Equitable Access and Participation | | | | | | | | |
| Indicate below whether any | Help Indicate below whether any barriers exist to equitable access and participation for any groups that receive services funded by this grant. | | | | | | | | |
| | barriers exist to equitable access and participation for any groups rec | | | | | | | | |
| Barriers | | | | | | | | | |
| Group | D | escription | | | | | | | |
| 1. Select One V | | | | | | | | | |

| Schedule Status: Complete | FOF | MULA | | Application | ID: 0024130632500001 |
|--|---|---------------------|---------------------|---------------------------------|--------------------------------|
| éGrants Application | Organization: CROSSTIMBERS ACADEMY | | | County District: 184801 | l |
| TEXAS EDUCATION AGENCY | Campus/Site: N/A | | | ESC Region: 11 | |
| SAS#: SIGGAA20 | Vendor ID: 1752855334 | | | School Year: 2019-2020 |) |
| | 2019-2020 Title I, 1003 – Scho | ol Improvem | ent Grant App | lication | |
| | Progra | m Budget | | | |
| | BS6004 - Program Budg | get Summary | and Support | | |
| Statutory Authority: | | | | | Fund/SSA Code |
| ESEA of 1965, as amended by ESSA, Ti | tle I, Part A, Section 1003, School Improvement | | | | |
| | | | | // | |
| Part 1: Available Funding | | | | V | /iew List of Members |
| NOGA ID Number | | | | | 1003 Funding 20610141184801 |
| Final Amount | | | | | 100,000 |
| Carryover | | | | | C |
| Total Available Funds | | | | | |
| | | | | Total Available Funds : | 100,000 |
| Consolidated Administrative Funds | | | | | 🔍 Yes 🔎 No |
| Funding Status LEA has joined an SSA = 'SSA'. | | | | | |
| LEA is not eligible or is not applying = 'N | P' | | | | |
| Part 2: Budgeted Costs | | | | | |
| Class/Object Code and Description 6100 Payroll Costs | | | | Grant Amount Budgeted 32,500 | Pre-Award |
| 6200 Professional and Contracted Se | rvices (itemized in Part 5) | | | 15,000 | |
| 6300 Supplies and Material (itemized | · , | | | 45,000 | |
| 6400 Other Operating Costs (itemize | | | | 7,500 | |
| 6500 Debt Service (itemized in Part 8 | | | | 7,500 | |
| 6600 Capital Outlay (itemized in Part | , | | | | |
| 8911 Operating Transfers Out (School | | | | | |
| Subtotal | | | | | |
| | | | Total Direct Costs: | 100,000 | |
| | | Help | Indirect Costs: | 0 | 0 |
| Grand total | | | | | |
| | | Tot | al Budgeted Costs: | 100,000 | |
| Difference between Total Funds Ava | | tal Funds Available | Minus Total Coster | | |
| Shared Services Arrangement | | | | | |
| 6493 Payments to Member Districts | of SSA | | | | |
| Total Match Budget | | | | | |
| Matching funding must equal or exceed t | he Total Budgeted Costs. | | | | |

| Schedule Status: Complete | FORMULA | Application ID: 002413063250000 |
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| Grants Application | Organization: CROSSTIMBERS ACADEMY | County District: 184801 |
| Grants Application | Campus/Site: N/A | ESC Region: 11 |
| SAS#: SIGGAA20 | Vendor ID: 1752855334 | School Year: 2019-2020 |
| : | 2019-2020 Title I, 1003 – School Improveme | ent Grant Application |
| | Program Budget | |
| | BS6004 - Program Budget Summary | and Support |
| Part 3: 6100 - Itemized Payroll Costs | | |
| # | Position Title | Number of Positions |
| 1. External Technical Assistance Provider | (Only if LEA employee) | |
| 2. Federal Program Director (012)(6119/ | | |
| 3. Instructional Officer (012)(6119/614X | | |
| 4. Teacher Supervisor (028)(6119/614X) | | |
| 5. Teacher Facilitator (041)(6119/614X) | | |
| Counselor (008)(6119/614X) Parent Involvement Liaison (6119/612) | 29/614X) | |
| 8. Librarian (013)(6119/614X) | | |
| 9. School Nurse (022)(6119/614X) | | |
| 10. Teacher (029)(6112/6119/614X) | | |
| 11. Educational Aide (033)(6129/614X) | | |
| 12. Social Worker (024)(6119/614X) | | |
| 13. Secretary/Clerk (6129/614X) | | |
| 14. Tutor (6119/6129/614X) | | |
| 15. Other Campus Professional Personnel | (058) | |
| 16. Other Non-campus Professional Person | nnel (080) | |
| 17. Other | | |
| 18. Other | | |
| 19. Other | | |
| 20. Other | | |
| 21. Other | | |
| 22. Other | | |
| 23. Other | | |
| 24. Other | | |
| 25. Other | | |
| 26. Other | | |
| 27. Other | | |
| 28. Other | | |
| 29. Other 30. Other | | |
| 31. Other | | |
| 32. Other | | |
| 33. Other | | |
| 34. Other | | |

| chedule Status: Complete | FORMULA | Ap | plication ID: 0024 | 1306325000 |
|---|---|---|--------------------------|------------|
| Grants Application | Organization: CROSSTIMBERS ACADEMY | County Distric | t: 184801 | |
| EXAS EDUCATION AGENCY | Campus/Site: N/A | ESC Region: 11 | L | |
| SAS#: SIGGAA20 | Vendor ID: 1752855334 | School Year: 2 | 019-2020 | |
| | 2019-2020 Title I, 1003 – School Improvem | ent Grant Application | | |
| | Program Budget | | | |
| | BS6004 - Program Budget Summary | y and Support | | |
| Part 4: Substitute, Extra-Duty Benef | its | | | Help |
| 1. For Schoolwide Personnel Not Code | d 8911 | | | |
| 2. Extra-Duty Pay/Beyond Normal Wor | k Hours for Positions Not Indicated Above | | | |
| 3. Substitutes for Public and Charter S | chool Personnel Not Indicated Above | | | |
| Part 5: 6200-Itemized Professional | and Contracted Services | | | |
| # Class/Object Code and Descript | ion | | Grant Amount Budgeted | Pre-Awar |
| 1. 6219/6239/6291 Professional and | Consulting Services | | 7,100 | |
| | fessional and Contracted Services Costs That Do Not Require Specif | ic Approval | 7,900 | |
| otal | Takal Drafa | ssional and Contracting Services Costs: | 15,000 | |
| Part 6: 6300-Itemized Supplies and | | ssional and contracting services costs. | 13,000 | |
| # Class/Object Code and Descript | | | Grant Amount Budgeted | Pre-Award |
| | | Total Supplies and Material Costs: | 45,000 | |
| Part 7: 6400 – Itemized Other Oper | ating Costs | | | |
| # Class/Object Code and Descript | ion | | Grant Amount Budgeted | Pre-Award |
| 1. 6411 Out-of-State Travel for | Employees. Must be allowable per Program Guidelines. LEA will ke | ep documentation locally. | | |
| 2. 6412/6494 Educational Field Trip(| s). Must be allowable per Program Guidelines. LEA will keep docum | entation locally. | | |
| | erating Costs That Do Not Require Specific Approval. LEA will keep of | documentation locally. | 7,500 | |
| otal | | Total Other Operating Costs: | 7,500 | |
| | | Iotal Other Operating Costs: | 7,500 | |

| Schedule Status: Complete | FORMULA | Application ID: 002413063250000 | | | | |
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| e Grants Application | Organization: CROSSTIMBERS ACADEMY | County District: 184801 | | | | |
| TEXAS EDUCATION AGENCY | Campus/Site: N/A | ESC Region: 11 | | | | |
| SAS#: SIGGAA20 | Vendor ID: 1752855334 | School Year: 2019-2020 | | | | |
| 2019-2020 Title I, 1003 – School Improvement Grant Application | | | | | | |
| Program Budget | | | | | | |
| BS6004 - Program Budget Summary and Support | | | | | | |
| Part 8: 6500 - Itemized Debt Service | | | | | | |
| | This section is not applicable for this | s grant. | | | | |
| Part 9: 6500 Itemized Debt Service - Description of Property with Justification | | | | | | |
| This section is not applicable for this grant. | | | | | | |

| Schedul | e Status: Complete | | | FORMULA | Ар | plication ID: 002 | 4130632500001 |
|----------|--|---------------|----------------------------|---------------------------------------|------------------|--------------------|---------------|
| ëGr | ants Applic | ation | Organization: CROSSTIM | BERS ACADEMY | County Distric | : t: 184801 | |
| TEXAS | EDUCATION | AGENCY | Campus/Site: N/A | Campus/Site: N/A | | | |
| SAS# | : SIGGAA20 | | Vendor ID: 1752855334 | | School Year: 2 | 2019-2020 | |
| | | | 2019-2020 Title I, 1 | 1003 – School Improvement Grant Appli | cation | | |
| | | | | Program Budget | | | |
| | | | BS6004 - P | rogram Budget Summary and Support | | | |
| Part 1 | 0: 6600 – Itemized | Capital Out | ay-Capital Assets Regardl | ess of Unit Cost | | | |
| | | | at a m | P | # of | Grant Amount | Burn and |
| # | | Item Descrip | otion | Purpose | Items | Budgeted | Pre-award |
| 2 | | | | | | | |
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| 16 | | | | | | | |
| 17 66 | 569 Library Books ar library) | nd Media (cap | italized and controlled by | | | | |
| | Capital Expenditures for Additions, Improvements, or Modifications to Capital Assets Which Materially Increase Their Value or Grant Amount | | | | | | Pre-Award |
| | | | | | | | |
| Total | | | | | | | |
| | | | | Total Capita | al Outlay Costs: | | |

| Sched | lule Status: Complete | FORMULA | Application ID: 0024130632500001 |
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| ėG | rants Application | Organization: CROSSTIMBERS ACADEMY | County District: 184801 |
| TEXA | AS EDUCATION AGENCY | Campus/Site: N/A | ESC Region: 11 |
| SAS | S#: SIGGAA20 | Vendor ID: 1752855334 | School Year: 2019-2020 |
| | | 2019-2020 Title I, 1003 – School Improvement Grant App | olication |
| | | Provisions Assurances | |
| | | CS7000 - Provisions, Assurances and Certification | s |
| | | General and Fiscal Guidelines | |
| | I certify my acceptance and con | npliance with all General and Fiscal Guidelines. | |
| | | Program Guidelines | |
| | I certify my acceptance and con | npliance with all Program Guidelines. | |
| | | General Provisions and Assurances | |
| | I certify my acceptance and con | pliance with all General Provisions and Assurances requirements. | |
| | | ESSA Provisions and Assurances | |
| V | I certify my acceptance and con | npliance with all Every Student Succeeds Act (ESSA) Provisions and Assuranc | es requirements. |
| | | Debarment and Suspension Certification | |
| | I certify I am not debarred or so I also certify my acceptance and | uspended. I compliance with all Debarment and Suspension Certification requirements. | |
| | | Program-Specific Provisions and Assurances | |
| V | I certify my acceptance and con | npliance with all Program-Specific Provisions and Assurances requirements. | |
| | | Lobbying Certification | |
| | I certify this organization does Certification requirements. | not spend federal appropriated funds for lobbying activities and certify my ac | ceptance and compliance with all Lobbying |
| | This organization spends non-federa | al funds on lobbying activities and has attached the required OMB Disclosure of Lobbyi | ng Activities form, as described below. |
| | 2. Prin 3. Scar 4. Click | nplete the <u>Disclosure of Lobbying Activities</u> form. t and sign the form. n the signed form and save it to your desktop. < the Attach Files icon on the Table of Contents page to attach your signed form to th ication. | is eGrants |