Shared Service Arrangements

Reimbursement Documentation

Process
Title I, Part A
Reimbursements
How to Receive Title I, Part A Reimbursement

Note: Reimbursements will not be made until a copy of the LEAs Policy & Procedures Manual has been received by the Special Revenue Department at Region 10 ESC. The LEA is responsible for following the procedures within their manual.

1. Complete and return the budget summary with your best estimate of how you intend to spend your funds.
   A. Set your budget up accordingly under Fund # 211.
   B. If funds are allocated towards payroll costs, please complete the requested information on the Salary Support Form.
   C. Be sure to request a change to your budget summary as your expenditures change by completing a Budget Amendment Form.

2. Send appropriate documentation for reimbursement. All forms are located at the link: www.region10.org/ssa
   A. For reimbursement of 6100 payroll costs and stipends, submit a copy of your detailed general ledger and payroll distribution journal showing payroll expenditures for Fund 211. Clearly mark the expenditures being requested for reimbursement. Please submit a signed copy of the job description for each employee being reimbursed with the percentage of pay listed on the job description, (or extra-duty addendums/stipends, if applicable).
   B. For reimbursement of 6200 funds, submit a copy of the invoice from the contractor and a copy of the check that paid that invoice. Do not submit a copy of the purchase order unless the invoice is not itemized or detailed.
   C. For 6300 funds, submit either the invoice from a vendor and a copy of the check used to pay it or a copy of retail sales receipts and the check paying that amount. Do not submit a copy of the purchase order unless the invoice is not itemized or detailed.
   D. For 6400 funds, mainly travel, submit a copy of your employee’s completed travel form with the backup for each expenditure listed and the check used to pay expenditures. Be sure to request reimbursement for only the portion of travel that is allowable under federal guidelines. Remember, travel can only be reimbursed for actual expenses, not per diem. (For more detailed information, please refer to the Travel Reimbursement Checklist).

3. Complete the reimbursement form for Title I, Part A provided by Region 10 ESC. Please put your district information on the form, but do not make any other changes.
   A. When all of the documentation has been gathered, total the amounts requested and submit the reimbursement form with appropriate backup from your district to Region 10 ESC asking remittance for that total. Be sure to denote the break down of the total by fund code on the reimbursement form. This reimbursement form should have an authorizing signature, and have contact information in case there are questions. All expenses need to correlate to a program activity (#1-8) as indicated on the reimbursement form. Reimbursement cannot occur if a program activity number is not given for expenditures.
   B. Credit/Debit Card Procedures: If expenditure is paid with a credit card, submit credit card statement showing charge and a copy of the detailed receipt along with the check paying that statements amount. If expenditure is paid with a debit card, submit a copy of bank statement showing the debit to the account.
   C. Placing your reimbursement form to us as a cover, return all appropriate documentation to: reimbursements@region10.org or by fax to Karen Marek: 972-348-1339, or by mail to: Attn: Special Revenue, Region 10 ESC, 400 E. Spring Valley Road, Richardson, TX 75081-5101. (R10’s Server will not accept ZIP files).
### ESTIMATED BUDGET SUMMARY – Title I, Part A

**Fund Year:** July 1, 2016 – September 30, 2017

**Return To:** Amber Lasseigne, Program Coordinator-Finance, Fax #: 972-348-1453 by June 3, 2016.

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Description</th>
<th>Budget Amount</th>
<th>Activity Numbers</th>
<th>General Purpose Of Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>6100</td>
<td><em>Payroll Costs</em></td>
<td></td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>6200</td>
<td>Contracted Services</td>
<td></td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>6300</td>
<td>Supplies &amp; Materials</td>
<td></td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>6400</td>
<td>Other Operating Costs</td>
<td></td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>6600</td>
<td>Capital Outlay</td>
<td></td>
<td>#</td>
<td></td>
</tr>
</tbody>
</table>

**Special Notes:**
- All out of state travel and student field trips require prior approval from TEA. Please contact Amber to submit requests.
- 6600 expenditures for '16-17 will contact Amber Lasseigne with details.

**PNP Set-Aside**

- Instruction
- Prof. Development
- Parent Involvement

**16-17 Planning Amount**

**District Wide Reservations**

- **1. Parental Involvement (1% of allocation)**
- **2. Preschool**
- **3. Professional Development**
- **4. Homeless Students (1%) for health, dental, eye, vocation/transition services**
- **5. Neglected Students**
- **6. Delinquent Students**

**Campus Based Activities – SW or TA**

- **7. School Wide Activities**
- **8. Targeted Assistant Activities**

**Activities for SW/TA include:**
- Supplemental, Research-based Reading/ELA, writing, math, social studies, science;
- Professional Development; Campus-Based Parental Involvement; Guidance/Counseling; Supplemental Health/Dental/Eye Care—Homeless Only; Transition Services/Vocational Career—Homeless Only; Tutorials; Research-based Small-Group Instruction, individualized Instruction, Computer-Aided Instruction; Extended Learning Opportunities

**Description of Payroll Costs—**

(Do not include extra-duty pay in this count).

**Administrative Positions:**
- SW
- TA

- Federal Program Director
- Instructional Officer
- Teacher Supervisor
- Teacher Facilitator

**Program Positions:**
- SW
- TA

- Supplemental Counselor
- Parent Involvement Liaison
- Summer School Teacher
- Teacher Salary
- Education Aide
- Tutor

**Signature:** ____________________________ **Date:** ____________

*If 6100 is not zero ($0.00), please complete the table below. The number should represent actual bodies, not FTE’s, that will receive payroll checks from these funds.*

**Description of Payroll Costs—**

(Do not include extra-duty pay in this count).

**This information is necessary for the completion of the Consolidated Application.**

**Any position paid with Federal Funds requires an annual Job Description and documentation of Time & Effort. Any position not listed above must be approved by TEA. Call Amber Lasseigne ASAP.**

I certify this budget was created to meet the needs and activities identified in our CNA, DIP/CIP, and will be set up in the General Ledger to match this submission.

Signature: ___________________________________

Authorized Official
# Title I, Part A

## Report of Project Expenditures and Request for Reimbursement

### 2016-2017

**July 1, 2016 – September 30, 2017**

---

**Name of LEA**

**Date of Request**

**Name of Campus(es)  Please circle one—TA or SW**

**County District Number**

Please indicate the expenditure amounts by activity number under correlating fund code. **Expenditures must be placed into one of these categories to be reimbursed.**

<table>
<thead>
<tr>
<th>Fund Code</th>
<th>Funds Expended this Period</th>
<th>Specifying Amounts for Activity No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6100</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>6200</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>6300</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>6400</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**District Wide reservation**

1. Parental Involvement
2. Preschool
3. Professional Development
4. Homeless students – health, dental, eye, vocation/transition services
4b. Foster Care Transportation
5. Neglected Students
6. Delinquent Students

**Campus Based**

7. School wide Activities
8. Targeted Assistant Activities

Activities for SW/TA include: supplemental, research based instruction in reading, ELA, math, social studies, science, writing; Parental involvement, PD, guidance/counseling, tutorials, small group, computer aided, & individualized instruction; extended learning.

By signing this report, I hereby certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award and **appropriate supporting documentation is enclosed**. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

My LEA has considered the following requirements when determining the eligibility of the above expenditures: (check the boxes that apply)

- The expenditure is reasonable, necessary, and allocable to carry out the intent and purpose of the program.
- The expenditure addresses a need previously identified in the district/campus CNA.
- The activity/resource is in the CIP, and addresses how the activity/resource will be evaluated to measure a positive impact on student achievement.
- All District or TA expenditures are supplemental to other federal and non-federal programs.
- The needs of students at risk of not meeting State Standards are being met.
- On a TA campus, funds were used to meet the needs of identified students only.
- The expenditure follows district purchase policies and meets all EDGAR requirements.
- Time & effort is being recorded for all payroll split funded.
- Meals are reimbursed for actual expenses and not per diem.

<table>
<thead>
<tr>
<th>Typed Name of Authorized Fiscal Officer</th>
<th>Telephone Number</th>
<th>Date</th>
</tr>
</thead>
</table>

A reimbursement request must be submitted by **January 31, 2017**. The final request must be submitted by **October 4, 2017**. Requests after October 4, 2017 will not be honored.

---

Send one copy of the report to: Attn: Karen Marek; 400 E. Spring Valley Road, Richardson, TX 75081-5101 Phone: 972-348-1338; FAX: 972-348-1339; E-Mail: reimbursements@region10.org

CFDA # 84.010A  
FY2016  
TEA Award # 17610101057950
2016-2017 Autopayroll Reimbursement Form

TITLE I PART A
Request for Automatic Payroll Reimbursement
July 1, 2016 – September 30, 2017

Name of LEA                County District #   Monthly Pay Date

Please indicate the amount of payroll dollars needed for each month and circle the number of the activity of those dollars. A check will automatically be sent one week prior to the monthly pay date indicated above for the amounts listed in the table below. To make changes, please submit a new form. **DUE by December 1, 2016.**

<table>
<thead>
<tr>
<th>Month</th>
<th>Payroll Expense (less accruals)</th>
<th>*Activity Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2016</td>
<td>$</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>October 2016</td>
<td>$</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>November 2016</td>
<td>$</td>
<td>1 2 3 4 5</td>
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<tr>
<td>December 2016</td>
<td>$</td>
<td>1 2 3 4 5</td>
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<tr>
<td>January 2017</td>
<td>$</td>
<td>1 2 3 4 5</td>
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<tr>
<td>February 2017</td>
<td>$</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>March 2017</td>
<td>$</td>
<td>1 2 3 4 5</td>
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<tr>
<td>April 2017</td>
<td>$</td>
<td>1 2 3 4 5</td>
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<tr>
<td>May 2017</td>
<td>$</td>
<td>1 2 3 4 5</td>
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<tr>
<td>June 2017</td>
<td>$</td>
<td>1 2 3 4 5</td>
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<tr>
<td>July 2017</td>
<td>$</td>
<td>1 2 3 4 5</td>
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<tr>
<td>August 2017</td>
<td>$</td>
<td>1 2 3 4 5</td>
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</tbody>
</table>

*Supplemental Activity Numbers:

1. Research-based Reading/ELA Instruction
2. Research-based Writing Instruction
3. Research-based Math Programs Instruction
4. Research-based Social Studies Instruction
5. Research-based Science Instruction

By signing this report, I hereby certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

I hereby certify that all salary to be reimbursed is supplemental and does not supplant any funding for state required positions or previously otherwise funded positions in accordance with federal funding guidelines. I have enclosed a list of employee names, positions, and salaries that will be charged to Fund 211.

I hereby certify that documentation is on file showing that these funds are to be spent in accordance with the guidelines set forth in the Title I, Part A grant and federal accounting guidelines. **The general ledger showing these 6100 expenditures will be sent to Region 10 by January 31, 2017 and by September 15, 2017.**

<table>
<thead>
<tr>
<th>Typed Name of Authorized Fiscal Officer</th>
<th>Telephone Number</th>
<th>Date</th>
</tr>
</thead>
</table>

Authorized Signature

Send one copy of the payroll reimbursement form to: Amber Lasseigne; 400 E. Spring Valley Road, Richardson, TX  75081-5101
Phone:  972-348-1452; FAX:  972-348-1453; E-Mail: amber.lasseigne@region10.org
### TITLE I PART A
**Request for Automatic Payroll Reimbursement/Payroll Support**
*July 1, 2016 – September 30, 2017*

Name of District

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Position &amp; Subject</th>
<th>TA or SW</th>
<th>Total Title I, A Payroll Expense</th>
<th>Total Salary Expense</th>
<th>% paid with Title I, A Funds</th>
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</thead>
<tbody>
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**TOTAL**

DUE by December 1, 2016 to be enrolled in automatic payroll for the 16-17 school year.
Title I, A Salary Support Form  
Title I, A Shared Service Arrangement 2016-2017

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Position &amp; Subject</th>
<th>Total Salary Amount</th>
<th>TA or SW</th>
<th>Amount of salary to be funded with Title I</th>
<th>% of Salary from Title I funds</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Please provide a job description for salaried positions by January 31, 2017
Extra Duty Addendum/Stipend Form – Title I, A

Current Employee Name:________________________________________
Employee’s Position/Title:_______________________________________
Reports to:____________________________________________________
LEA/Campus:__________________________________________________

EXTRA DUTY PAY
______ During the 2016-2017 school year, the employee named above will conduct supplemental extra duty (hourly wage) activities paid 100% out of Title I, A Federal Funds.
Time will be documented by timecard, timesheet,__________________
Supplemental extra duties include (circle/list all that apply): Tutoring - Parent Outreach Activities - Family Literacy Activities - Supplemental Summer School - ______________

STIPEND PAY
______ During the 2016-2017 school year, the employee named above will earn stipend pay (a set amount) for completing __________________, for the amount of $__________, paid 100% out of Title I, A Federal Funds.

- I agree to perform these activities as assigned and understand that these activities are supplemental and supported by the Title I, A program.
- I agree to provide supporting documentation of all supplemental activities as required by federal guidelines.
- I certify that the activities performed are reasonable and necessary, and allocable to the specified grant.

Signature of Employee:____________________________________
Date:___________________________________________________

The foregoing statements describe the extra duty/stipend responsibilities assigned to this staff person. I certify that the activities performed are reasonable and necessary, and allocable to the specified grant.

_________________________   _______________________
Name                      Date
Title I, Part C
Migrant
Reimbursements
How to Receive Title I, Part C—Migrant Reimbursement

Note: Reimbursements will not be made until a copy of the LEAs Policy & Procedures Manual has been received by the Special Revenue Department at Region 10 ESC. The LEA is responsible for following the procedures within their manual.

1. **Complete and return the budget summary with your best estimate of how you intend to spend your funds.**
   A. Set your budget up accordingly under **Fund # 212**.
   B. If funds are allocated towards payroll costs, please complete the requested information on the Salary Support Form.
   C. Be sure to request a change to your budget summary as your expenditures change by completing a Budget Amendment Form.

2. **Send appropriate documentation for reimbursement. All forms are located at the link:** www.region10.org/ssa
   A. For reimbursement of 6100 payroll costs and stipends, submit a copy of your **detailed general ledger** and **payroll distribution journal** showing payroll expenditures for Fund 212. **Clearly mark** the expenditures being requested for reimbursement. Please submit a signed copy of the job description for each employee being reimbursed with the percentage of pay listed on the job description, (or extra-duty addendums/stipends, if applicable).
   B. For reimbursement of 6200 funds, submit a copy of the **invoice** from the contractor and a copy of the **check** that paid that invoice. Do not submit a copy of the purchase order unless the invoice is not itemized or detailed.
   C. For 6300 funds, submit either the **invoice** from a vendor and a copy of the **check** used to pay it or a copy of retail sales **receipts** and the **check** paying that amount. Do not submit a copy of the purchase order unless the invoice is not itemized or detailed.
   D. For 6400 funds, mainly travel, submit a copy of your employee’s completed travel form with the backup for each expenditure listed and the **check** used to pay expenditures. Be sure to request reimbursement for only the portion of travel that is allowable under federal guidelines. Remember, travel can only be reimbursed for actual expenses, **not per diem**. (For more detailed information, please refer to the Travel Reimbursement Checklist).

3. **Complete the reimbursement form for Title I, Part C—Migrant provided by Region 10 ESC. Please put your district information on the form, but do not make any other changes.**
   A. When all of the documentation has been gathered, total the amounts requested and submit the **reimbursement form** with appropriate backup from **your district to Region 10 ESC** asking remittance for that total. Be sure to denote the break down of the total by fund code and the number of Migrant students enrolled during the reporting period on the reimbursement form. This reimbursement form should have an authorizing signature, and have contact information in case there are questions. All expenses need to correlate to a program activity (#1-24) as indicated on the back of the reimbursement form. Reimbursement cannot occur if a program activity number is not given for expenditures.
   B. Credit/Debit Card Procedures: If an expenditure is paid with a credit card, submit credit card statement showing charge and a copy of the detailed receipt along with the check paying that statement’s amount. If expenditure is paid with a debit card, submit a copy of bank statement showing the debit to the account.
   C. Placing your reimbursement form to us as a cover, return all appropriate documentation to: reimbursements@region10.org, or by fax to Penny Douglas: 972-348-1391, or by mail to: Attn: Special Revenue, Region 10 ESC, 400 E. Spring Valley Road, Richardson, TX 75081-5101. (R10’s Server will not accept ZIP files).
ESTIMATED BUDGET – Title I-Migrant
Fund Year: July 1, 2016 – September 30, 2017

We have elected to release all of our funds to Region 10 ESC and will not request any reimbursement.

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Description</th>
<th>Budget Amount</th>
<th>Activity Numbers</th>
<th>General Purpose Of Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>6100</td>
<td>*Payroll Costs</td>
<td>$</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>6200</td>
<td>Contracted Services</td>
<td>$</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>6300</td>
<td>Supplies &amp; Materials</td>
<td>$</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>6400</td>
<td>Other Operating Costs</td>
<td>$</td>
<td>#</td>
<td>All out of state travel and student field trips require prior approval from TEA, please contact Amber to submit requests</td>
</tr>
<tr>
<td>16-17 Planning Amount</td>
<td>$1,632.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td>Minus Region 10 Fee</td>
<td>$-1,632.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Funds Available</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If 6100 is not zero, ($0.00), please complete the next table. The number should represent actual bodies, not FTE’s that will receive payroll checks from these funds. Description of Payroll Costs - *This information is necessary for the completion of the Consolidated Application.

Any position not listed below must be approved by TEA. Call Amber Lasseigne ASAP.

Positions paid with Federal Funds require an annual Job Description and documentation of Time & Effort.

<table>
<thead>
<tr>
<th>Title</th>
<th>Count</th>
<th>Title</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Positions:</td>
<td></td>
<td>Program Positions:</td>
<td></td>
</tr>
<tr>
<td>Federal Program Director</td>
<td></td>
<td>Supplemental Counselor</td>
<td></td>
</tr>
<tr>
<td>Instructional Officer</td>
<td></td>
<td>Parent Involvement Liaison</td>
<td></td>
</tr>
<tr>
<td>Teacher Supervisor</td>
<td></td>
<td>Summer School Teacher</td>
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<td>Teacher Facilitator</td>
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<td>Education Aide</td>
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<td></td>
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<td>Tutor</td>
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<td></td>
<td></td>
<td>Migrant Service Coordinator Staff</td>
<td></td>
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<td></td>
<td></td>
<td>School/Home Community Liaison for Migrant Program</td>
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<td>District-wide NGS Data Specialist</td>
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<td>Recruiter for Migrant Program</td>
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</tr>
</tbody>
</table>

I certify this budget was created to meet the needs and activities identified in our CNA, DIP/CIP, and will be set up in the General Ledger to match this submission.

Signature: __________________________ Date: __________________

Authorized Official

1. ID&R
2. ID&R Template
3. NGS
4. Migrant Services Coordination (MSC) First Grading period requirements
5. MSC - State Assessments
6. Secondary Students - Credit Accrual and Recovery
7. Middle School Students (MSS) - Development of Study Skills
8. MSS – Coordination of Resources
9. MSS – Training School Staff
10. MSS – Parental Involvement
11. Students in Grades 3-11 – Coordination with TMIP for student access local, intra and interstate opportunities
12. Early Childhood/School Readiness – determine educational needs within 60 days of enrollment
13. District Procedures – Development and Implementation
14. Interstate Coordination – Coordination with TMIP during summer months
15. Intra- and Intersate Coordination
16. Migrant Parent Advisory Council (PAC)
17. Program Evaluation
18. PEIMS Migrant Indicator Code
19. SECONDARY HIGH SCHOOL (grades 9-12) Activities Included:
   - Graduation Plan; Credit Accrual; Tuition/fees for evening classes, summer school or credit by exam; Extended Day Tutoring; Regular School Day Tutoring; Extended Day Assessment Tutoring; Project SMART; Other Instructional Migrant Summer Program;
   - Existing leadership school/social engagement
20. MIDDLE SCHOOL (grades 6-8) Activities Included:
   - Extended Day Tutoring; Regular School Day Tutoring; Extended Day Assessment Tutoring; Project Smart; Other Migrant Summer Program; Tutoring/Mentoring; Existing leadership school/social engagement; Tutoring/Mentoring during school year; Retreat
21. ELEMENTARY SCHOOL (grades 1-6) Activities Included:
   - Extended Day Tutoring; Regular School Day Tutoring; Extended Day Assessment Tutoring; Supplemental support by teacher for underperforming 1st graders; Project Smart; Other Migrant Summer Program; Tutoring/Mentoring during school year
22. EARLY CHILDHOOD/SCHOOL READINESS PROGRAM (EE-Kindergarten) Activities Included: Centered-based or Home-based for 3-4 year olds; Instructional teacher support for underperforming students (outside instructional time 1-2 x a wk); Project Smart; (Summer Activity); Provision of MEK as appropriate
23. Support Services...
   - For Students –Includes: Clothing; School Supplies; Vision Screening; Hearing Screening; Other Health Screening; Dental
   - For Parents –Includes: Childcare During Parental Involvement/PAC; Transportation to and from PAC/Parental Involvement; Snack for Parental Involvement/PAC; Registration to State/National Workshops; Outreach to out-of-school youth/parents re: educational options
24. Services to out of school youth/parental involvement meetings with academic focus for parents of K-12
TITLE I, PART C – MIGRANT
Report of Project Expenditures and Request for Reimbursement
2016-2017
July 1, 2016 – September 30, 2017

Name of LEA   CDN#   Date of Request

Please indicate the expenditure amounts by activity number under correlating fund code. Reimbursement cannot occur until (1) the activity number is provided and (2) the number of Migrant Students is provided.

Total # of Migrant students enrolled during this reporting period. ____________

<table>
<thead>
<tr>
<th>Fund Code</th>
<th>Funds Expended District</th>
<th>Activity Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>6100</td>
<td>$</td>
<td>#</td>
</tr>
<tr>
<td>6200</td>
<td>$</td>
<td>#</td>
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<tr>
<td>6300</td>
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<td>#</td>
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<tr>
<td>6400</td>
<td>$</td>
<td>#</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

My LEA has considered the following requirements when determining the eligibility of the above expenditures: (check the boxes that apply)

☐ The expenditure is reasonable, necessary, and allocable to carry out the intent and purpose of the program.
☐ The expenditure addresses a need previously identified in the campus comprehensive needs assessment.
☐ The activity/resource is in the CIP, and addresses how the activity/resource will be evaluated to measure a positive impact on student achievement.
☐ The expenditure is supplemental to other federal and non-federal programs.
☐ The expenditure follows district purchase policies and meets all EDGAR requirements.
☐ Time & effort is being recorded for all payroll split funded.
☐ Meals are reimbursed for actual expenses and not per diem.

By signing this report, I hereby certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award and appropriate supporting documentation is enclosed. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Typed Name of Authorized Fiscal Officer | Telephone Number | Date

A reimbursement request must be submitted by January 31, 2017. The final request must be submitted by October 4, 2017. Requests after October 4, 2017 will not be honored.

Authorized Signature

Send one copy of the report to: Penny Douglas; 400 E. Spring Valley Road, Richardson, TX  75081-5101
Phone:  972-348-1390; FAX:  972-348-1391; E-Mail:  reimbursements@region10.org

CFDA # 84.011A
FY 2016
TEA Award # 17615001057950
# Migrant Reimbursement Activity List: Based on Consolidated Application Activity Numbers

<p>| | |</p>
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<tbody>
<tr>
<td>1.</td>
<td>ID&amp;R</td>
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<td>2.</td>
<td>ID&amp;R Template</td>
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<tr>
<td>3.</td>
<td>NGS</td>
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<tr>
<td>4.</td>
<td>Migrant Services Coordination (MSC) First Grading period requirements</td>
</tr>
<tr>
<td>5.</td>
<td>MSC - Assessment remediation</td>
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<tr>
<td>6.</td>
<td>Secondary Students – Credit Accrual and Recovery</td>
</tr>
<tr>
<td>7.</td>
<td>Middle School Students (MSS) - Development of Study Skills</td>
</tr>
<tr>
<td>8.</td>
<td>MSS – Coordination of Resources</td>
</tr>
<tr>
<td>9.</td>
<td>MSS – Training School Staff</td>
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<tr>
<td>10.</td>
<td>MSS – Parental Involvement</td>
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<td>11.</td>
<td>Students in Grades 3-11 – Coordination with TMIP for student access local, intra and interstate opportunities</td>
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<td>12.</td>
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<td>13.</td>
<td>District Procedures – Development and Implementation</td>
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<tr>
<td>14.</td>
<td>Interstate Coordination – Coordination with TMIP during summer months</td>
</tr>
<tr>
<td>15.</td>
<td>Intrastate and Interstate Coordination</td>
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<tr>
<td>16.</td>
<td>Migrant Parent Advisory Council (PAC)</td>
</tr>
<tr>
<td>17.</td>
<td>Program Evaluation</td>
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<td>18.</td>
<td>PEIMS Migrant Indicator Code</td>
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<tr>
<td>19.</td>
<td><strong>SECONDARY HIGH SCHOOL (grades 9-12)</strong> Activities Included:</td>
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<tr>
<td>20.</td>
<td>Graduation Plan; Credit Accrual; Tuition/fees for evening classes, summer school or credit by exam; Extended Day Tutoring; Regular School Day Tutoring; Extended Day Assessment Tutoring; Project Smart; Other Instructional Migrant Summer Program; Existing leadership school/social engagement</td>
</tr>
<tr>
<td>21.</td>
<td><strong>MIDDLE SCHOOL (grades 6-8)/JUNIOR HIGHS (grades 7-8)</strong> Activities Included:</td>
</tr>
<tr>
<td>22.</td>
<td>Extended Day Tutoring; Regular School Day Tutoring; Extended Day Assessment Tutoring; Project Smart; Other Migrant Summer Program: Tutoring/Mentoring; Existing leadership school/social engagement; Tutoring/Mentoring during school year; Retreat</td>
</tr>
<tr>
<td>23.</td>
<td><strong>ELEMENTARY SCHOOL (grades 1-6)</strong> Activities Included:</td>
</tr>
<tr>
<td>24.</td>
<td>Extended Day Tutoring; Regular School Day Tutoring; Extended Day Assessment Tutoring; Supplemental support by teacher for underperforming 1st graders; Project Smart; Other Migrant Summer Program: Tutoring/Mentoring; Tutoring/Mentoring during school year</td>
</tr>
<tr>
<td>25.</td>
<td><strong>EARLY CHILDHOOD/SCHOOL READINESS PROGRAM (EE-Kindergarten)</strong> Activities Included:</td>
</tr>
<tr>
<td>26.</td>
<td>Centered-based or home-based for 3-4 year olds; Instructional teacher support for PK-K underperforming students (outside regular instructional time 1-2 x a wk); Project Smart (Summer Activity); Provision of MELK as appropriate</td>
</tr>
<tr>
<td>27.</td>
<td><strong>Support Services...</strong></td>
</tr>
<tr>
<td>28.</td>
<td>For Students – Includes: Clothing; School Supplies; Vision Screening, Hearing Screening; Other Health Screening; Dental</td>
</tr>
<tr>
<td>29.</td>
<td>For Parents - Includes: Childcare During Parental Involvement/PAC; Transportation to and from PAC/Parental Involvement; Snack for Parental Involvement/PAC; Registration to State/National Workshops; Outreach to out-of-school youth/parents re: educational options</td>
</tr>
<tr>
<td>30.</td>
<td>Services to out of school youth/parental involvement meetings with academic focus for parents of K-12</td>
</tr>
</tbody>
</table>
Your LEA has indicated that it will fund payroll out of federal funds. Please complete the following information and return to Penny Douglas at fax 972-348-1391 or penny.douglas@region10.org

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Position &amp; Subject</th>
<th>Total Salary Amount</th>
<th>Amount of salary to be funded with Migrant</th>
<th>% of Salary from Migrant Funds</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Please provide a job description for salaried positions by January 31, 2017
Extra Duty Form – Title I, C (Migrant)

Current Employee Name:________________________________________
Employee’s Position/Title:_______________________________________
Reports to: ___________________________________________________
LEA/Campus:_________________________________________________

EXTRA DUTY PAY

During the 2016-2017 school year, the employee named above will conduct supplemental extra duty (hourly wage) activities paid 100% out of Title I, C (Migrant) Federal Funds.

Time will be documented by timesheet, ____________________________________________________________________

Supplemental extra duties include (circle/list all that apply): Tutoring - Parent Outreach Activities - Family Literacy Activities - Supplemental Summer School -
_______________________________________________________________________

I agree to perform these activities as assigned and understand that these activities are supplemental and supported by the Title I, C (Migrant) program.
I agree to provide supporting documentation of all supplemental activities as required by federal guidelines.
I certify that the activities performed are reasonable and necessary, and allocable to the specified grant.

Signature of Employee:_________________________________________
Date:________________________________________________________

The foregoing statements describe the extra duty responsibilities assigned to this staff person. I certify that the activities performed are reasonable and necessary, and allocable to the specified grant.

________________________________  _____________________
Name        Date
Title II, Part A
Teacher & Principal
Training & Recruiting
Reimbursements
How to Receive Title II, Part A—Teacher and Principal Training and Recruiting Reimbursement

Note: Reimbursements will not be made until a copy of the LEAs Policy & Procedures Manual has been received by the Special Revenue Department at Region 10 ESC. The LEA is responsible for following the procedures within their manual.

1. Complete and return the budget summary with your best estimate of how you intend to spend your funds.
   A. Set your budget up accordingly under Fund # 255.
   B. If funds are allocated towards payroll costs, please complete the requested information on the Salary Support Form.
   C. Be sure to request a change to your budget summary as your expenditures change by completing a Budget Amendment Form.

2. Send appropriate documentation for reimbursement. All forms are located at the link: www.region10.org/ssa.
   A. For reimbursement of 6100 payroll costs and stipends, submit a copy of your detailed general ledger and payroll distribution journal showing payroll expenditures for Fund 255. Clearly mark the expenditures being requested for reimbursement. Please submit a signed copy of the job description for each employee being reimbursed with the percentage of pay listed on the job description, (or extra-duty addendums/stipend form, if applicable).
   B. For reimbursement of 6200 funds, submit a copy of the invoice from the contractor and a copy of the check that paid that invoice. Do not submit a copy of the purchase order unless the invoice is not itemized or detailed.
   C. For 6300 funds, submit either the invoice from a vendor and a copy of the check used to pay it or a copy of retail sales receipts and the check paying that amount. Do not submit a copy of the purchase order unless the invoice is not itemized or detailed.
   D. For 6400 funds, mainly travel, submit a copy of your employee’s completed travel form with the backup for each expenditure listed and the check used to pay expenditures. Be sure to request reimbursement for only the portion of travel that is allowable under federal guidelines. Remember, travel can only be reimbursed for actual expenses, not per diem. (For more detailed information, please refer to the Travel Reimbursement Checklist).

3. Complete the reimbursement form for Title II, Part A provided by Region 10 ESC. Please put your district information on the form, but do not make any other changes.
   A. When all of the documentation has been gathered, total the amounts requested and submit the reimbursement form with appropriate backup from your district to Region 10 ESC asking remittance for that total. Be sure to denote the break down of the total by fund code on the reimbursement form. This reimbursement form should have an authorizing signature, and have contact information in case there are questions. All expenses need to correlate to a program activity number (#1-6) as indicated on the reimbursement form. Reimbursement cannot occur if a purpose is not given for expenditures.
   B. Credit/Debit Card Procedures: If expenditure is paid with a credit card, submit credit card statement showing charge and a copy of the detailed receipt along with the check paying that statements amount. If expenditure is paid with a debit card, submit a copy of bank statement showing the debit to the account.
   C. Placing your reimbursement form to us as a cover, return all appropriate documentation to reimbursements@region10.org, or by fax to Penny Douglas: 972-348-1391, or by mail to: Attn: Special Revenue, Region 10 ESC, 400 E. Spring Valley Road, Richardson, TX 75081-5101. (R10’s Server will not accept ZIP files).
## ESTIMATED BUDGET SUMMARY – Title II, Part A

**Fund Year:** July 1, 2016 – September 30, 2017

Return To: Amber Lasseigne, Program Coordinator-Finance, Fax #: 972-348-1453 by June 3, 2016.

### Budget Category

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Description</th>
<th>Budget Amount</th>
<th>Activity No. Specify amt per number</th>
<th>General Purpose Of Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>6100</td>
<td>*Payroll Costs</td>
<td>$</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>6200</td>
<td>Contracted Services</td>
<td>$</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>6300</td>
<td>Supplies &amp; Materials</td>
<td>$</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>6400</td>
<td>Other Operating Costs</td>
<td>$</td>
<td>#</td>
<td>All out of state travel requires prior approval from TEA, please contact Amber to submit requests</td>
</tr>
</tbody>
</table>

**Description of Payroll Costs:** *This information is necessary for the completion of the Consolidated Application.*

Any position not listed below must be approved by TEA. Call Amber Lasseigne ASAP.

Positions paid with Federal Funds require an annual **Job Description** and documentation of **Time & Effort**.

*If 6100 is not zero ($0.00), please complete the below table. The number should represent actual bodies, not FTE’s that will receive payroll checks from these funds.

### Title II, Part A - Activity Numbers

1. Recruitment of Teachers
2. Retention of Teachers
3. Improving Quality of Teacher Workforce
4. Improving Quality of Paraprofessional Workforce
5. Hiring of Teachers to Reduce Class Size
6. Professional Development in CORE Academics

<table>
<thead>
<tr>
<th>Title</th>
<th>Count</th>
<th>Title</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Positions:</td>
<td></td>
<td>Program Positions:</td>
<td></td>
</tr>
<tr>
<td>Federal Program Director</td>
<td></td>
<td>Teacher Salary</td>
<td></td>
</tr>
<tr>
<td>Instructional Officer</td>
<td></td>
<td>Teacher Stipend</td>
<td></td>
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<tr>
<td>Teacher Supervisor</td>
<td></td>
<td>Summer School Teacher</td>
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<tr>
<td>Teacher Facilitator</td>
<td></td>
<td>Tutor</td>
<td></td>
</tr>
</tbody>
</table>

I certify this budget was created to meet the needs and activities identified in our CNA, DIP/CIP, and will be set up in the General Ledger to match this submission.

**Signature:** __________________________  **Date:** __________________________

CFDA # 84.367A  Authorized Official
2016-2017 Reimbursement Form

TITLE II, PART A DISCRETIONARY FUNDS
(Formerly Class Room Size Reduction)
TEACHER AND PRINCIPAL TRAINING AND RECRUITMENT
Report of Project Expenditures and Request for Reimbursement
2016-2017
July 1, 2016 – September 30, 2017

Name of LEA    CDN#      Date of Request

Please indicate the expenditure amounts by activity number under correlating fund code. Expenditures must be placed into one of these categories to be reimbursed.

<table>
<thead>
<tr>
<th>Fund Code</th>
<th>Funds Expended This Period</th>
<th>Specify Amount for Activity No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6100</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>6200</td>
<td>$</td>
<td></td>
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<tr>
<td>6300</td>
<td>$</td>
<td></td>
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<tr>
<td>6400</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

My LEA has considered the following requirements when determining the eligibility of the above expenditures: (check the boxes that apply)

☐ The expenditure is reasonable, necessary, and allocable to carry out the intent and purpose of the program.
☐ The expenditure addresses a need previously identified in the campus comprehensive needs assessment.
☐ The activity/resource is in the CIP, and addresses how the activity/resource will be evaluated to measure a positive impact on student achievement.
☐ The expenditure is supplemental to other federal and non-federal programs.
☐ The expenditure follows district purchase policies and meets all EDGAR requirements.
☐ Time & effort is being recorded for all payroll split funded.
☐ Meals are reimbursed for actual expenses and not per diem.

By signing this report, I hereby certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award and appropriate supporting documentation is enclosed. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Authorized Signature

A reimbursement request must be submitted by January 31, 2017. The final request must be submitted by October 4, 2017. Requests after October 4, 2017 will not be honored.

Send one copy of the report to: Penny Douglas; 400 E. Spring Valley Road, Richardson, TX 75081-5101
Phone: 972-348-1390; FAX: 972-348-1391; E-Mail: reimbursements@region10.org

CFDA # 84.367A    FY 2016    TEA Award # 17694501057950
Title II, A Salary Support Form  
Title II, A Shared Service Arrangement 2016-2017

LEA: __________________

Your LEA has indicated that it will fund payroll out of federal funds
Please complete the following information and return to Penny Douglas at fax 972-348-1391 or penny.douglas@region10.org

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Position &amp; Subject</th>
<th>Total Salary Amount</th>
<th>Amount of salary to be funded with Title II</th>
<th>% of Salary from Title II funds</th>
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</tbody>
</table>

Please provide a job description for salaried positions by January 31, 2017
**Extra Duty Addendum/Stipend Form – Title II, A**

Current Employee Name:________________________________________
Employee’s Position/Title: _______________________________________
Subject Area:__________________________________________________
Reports to:  ___________________________________________________
LEA/Campus: __________________________________________________

-------------------------------------------------------------------------------------------------------------

**EXTRA DUTY PAY**

_____ During the 2016-2017 school year, the employee named above will conduct supplemental extra duty (hourly wage) activities paid 100% out of Title II, A Federal Funds.

Time will be documented by timecard, timesheet, ______________________________

Supplemental extra duties include (circle/list all that apply):  After Hours Training – Mentoring -

-------------------------------------------------------------------------------------------------------------

**STIPEND PAY**

_____ During the 2016-2017 school year, the employee named above will earn stipend pay (a set amount) for completing _____________________ , for the amount of $__________, paid 100% out of Title II, A Federal Funds.

-------------------------------------------------------------------------------------------------------------

- I agree to perform these activities as assigned and understand that these activities are supplemental and supported by the Title II, A program.
- I agree to provide supporting documentation of all supplemental activities as required by federal guidelines.
- I certify that the activities performed are reasonable and necessary, and allocable to the specified grant.

Signature of Employee:____________________________________
Date:___________________________________________________

----------------------------------------------------------------------------------------------

The foregoing statements describe the extra duty/stipend responsibilities assigned to this staff person. I certify that the activities performed are reasonable and necessary, and allocable to the specified grant.

________________________________  _____________________
Name        Date
Title III LEP and Immigrant Reimbursements
How to Receive Title III LEP and Immigrant Reimbursement

Note: Reimbursements will not be made until a copy of the LEAs Policy & Procedures Manual has been received by the Special Revenue Department at Region 10 ESC. The LEA is responsible for following the procedures within their manual.

1. Complete and return the budget summary with your best estimate of how you intend to spend your funds.
   A. Set your budget up accordingly under Fund # 263.
   B. If funds are allocated towards payroll costs, please complete the requested information on the Salary Support Form.
   C. Be sure to request a change to your budget summary as your expenditures change by completing a Budget Amendment Form.

2. Send appropriate documentation for reimbursement. All forms are located at the link: www.region10.org/ssa
   A. For reimbursement of 6100 payroll costs, submit a copy of your detailed general ledger and payroll distribution journal showing payroll expenditures and names for Fund 263. Clearly mark the expenditures being requested for reimbursement. Please submit a signed copy of the signed job description for each employee being reimbursed with the percentage of pay listed on the job description, (or extra-duty addendums, if applicable).
   B. For reimbursement of 6200 funds, submit a copy of the invoice from the contractor and a copy of the check that paid that invoice. Do not submit a copy of the purchase order unless the invoice is not itemized or detailed.
   C. For 6300 funds, submit either the invoice from a vendor and a copy of the check used to pay it or a copy of retail sales receipts and the check paying that amount. Do not submit a copy of the purchase order unless the invoice is not itemized or detailed.
   D. For 6400 funds, mainly travel, submit a copy of your employee’s completed travel form with the backup for each expenditure listed and the check used to pay expenditures. Be sure to request reimbursement for only the portion of travel that is allowable under federal guidelines. Remember, travel can only be reimbursed for actual expenses, not per diem. (For more detailed information, please refer to the Travel Reimbursement Checklist).

3. Complete the reimbursement form for Title III LEP/ Immigrant provided by Region 10 ESC. Please put your district information on the form, but do not make any other changes.
   A. When all of the documentation has been gathered, total the amounts requested and submit the reimbursement form with appropriate backup from your district to Region 10 ESC asking remittance for that total. Be sure to denote the break down of the total by fund code on the reimbursement form. This reimbursement form should have an authorizing signature, and have contact information in case there are questions. All expenses need to correlate to a program activity (#1-7) as indicated on the reimbursement form. Reimbursement cannot occur if a program activity number is not given for expenditures.
   B. Credit/Debit Card Procedures: If expenditure is paid with a credit card, submit credit card statement showing charge and a copy of the detailed receipt along with the check paying that statements amount. If expenditure is paid with a debit card, submit a copy of bank statement showing the debit to the account.
   C. Placing your reimbursement form to us as a cover, return all appropriate documentation to: reimbursements@region10.org or by fax: 972-348-1339, (A-H); or by fax: 972-348-1391, (I-Z); or mail to: Attn: Special Revenue, Region 10 ESC, 400 E. Spring Valley Road, Richardson, TX 75081-5101. (R10’s Server will not accept ZIP files).
## ESTIMATED BUDGET SUMMARY – Title III, LEP

**Fund Year:** July 1, 2016 – September 30, 2017

**Return To:** Amber Lasseigne, Program Coordinator-Finance, Fax #: 972-348-1453 by June 3, 2016.

### Budget Category Table

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Description</th>
<th>Budget Amount</th>
<th>Activity Numbers</th>
<th>General Purpose Of Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>6100</td>
<td>*Payroll Costs</td>
<td>$</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>6200</td>
<td>Contracted Services</td>
<td>$</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>6300</td>
<td>Supplies &amp; Materials</td>
<td>$</td>
<td>#</td>
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</tr>
<tr>
<td>6400</td>
<td>Other Operating Costs</td>
<td>$</td>
<td>#</td>
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</tr>
<tr>
<td>6600</td>
<td>Capital Outlay</td>
<td>$</td>
<td>#</td>
<td></td>
</tr>
</tbody>
</table>

**6600 Capital Outlay**

- **16-17 Planning Amount**
  - $  

- **(\# campuses x $500)**
  - Minus Region 10 Fee
  - $  

- **Total Funds Available**
  - $  

*If 6100 is not zero ($0.00), please complete the table below. The number should represent actual bodies, not FTE’s that will receive payroll checks from these funds.*

**Description of Payroll Costs**

*Do not include extra-duty pay in this count.*

**Language Instruction Educational Programs & Activities:**

1. Provide supplemental upgrades to program objectives and effective instruction strategies
2. Provide/upgrade supplemental curricula, instructional materials, educational software and/or assessment procedures
3. Provide supplemental tutorials and/or intensified instruction
4. Develop/Implement supplemental language instruction education program that is coordinated with other programs and services
5. Provide supplemental community participation program, **5A.** Family literacy services, and/or parent outreach and parent training activities
6. Provide/Incorporate supplemental resources into curricula and educational program

**Local Plan Activities Title III-LEP**

- **7. Professional Development**—Which includes the following:
  - >Supplemental staff development through Region 10 for administrators that promote ELL success
  - >Supplemental staff development through Region 10 for BE/ESL teachers and related to ELL success
  - >Supplemental staff development offered by TEA, universities, and/or professional & non-profit organizations that assist with newcomer & educational connections related to ELL
  - >Supplemental staff development offered by state or nationally known speakers to improve overall content area instruction for ELL
  - >Book Study for current research on best practices for LEP students

---

**Administrative Positions:**

- Federal Program Director
- Instructional Officer
- Teacher Supervisor
- Teacher Facilitator

**Program Positions:**

- Supplemental Counselor
- Parent Involvement Liaison
- Summer School Teacher
- Education Aide
- Tutor

---

I certify this budget was created to meet the needs and activities identified in our CNA, DIP/CIP, and will be set up in the General Ledger to match this submission.

**Signature:** ___________________________ **Date:** ___________________________
TITLE III, PART A—LEP STUDENTS
Report of Project Expenditures and Request for Reimbursement
2016-2017
July 1, 2016 – September 30, 2017

Name of LEA  CDN#  Date of Request

Please indicate the expenditure amounts by activity number under correlating fund code. Expenditures must be placed into one of these categories to be reimbursed.

| Fund Code | Funds Expended This Period | Specify Amount for Activity No. | 1. Provide supplemental upgrades to program objectives and effective instruction strategies | 2. Provide/upgrade supplemental curricula, instructional materials, educational software and/or assessment procedures | 3. Provide supplemental tutorials and/or intensified instruction | 4. Develop/Implement supplemental language instruction education program that is coordinated with other programs and services | 5. Supplemental Community Participation Program, Family Literacy Services, and/or Parent Outreach and Parent Training Activities | 6. Provide/Incorporate supplemental resources into curricula and educational program | 7. Professional Development which includes the following: |
|-----------|---------------------------|-------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|
| 6100      | $                         |                               |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |
| 6200      | $                         |                               |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |
| 6300      | $                         |                               |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |
| 6400      | $                         |                               |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |
| TOTAL     | $                         |                               |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |

My LEA has considered the following requirements when determining the eligibility of the above expenditures:
(check the boxes that apply)

☐ The expenditure is reasonable, necessary, and allocable to carry out the intent and purpose of the program.
☐ The expenditure addresses a need previously identified in the campus comprehensive needs assessment.
☐ The activity/resource is in the CIP, and addresses how the activity/resource will be evaluated to measure a positive impact on student achievement.
☐ The expenditure is supplemental to other federal and non-federal programs.
☐ The expenditure follows district purchase policies and meets all EDGAR requirements.
☐ Time & effort is being recorded for all payroll split funded.
☐ Meals are reimbursed for actual expenses and not per diem.

By signing this report, I hereby certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award and appropriate supporting documentation is enclosed. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Typed Name of Authorized Fiscal Officer  Telephone Number  Date

A reimbursement request must be submitted by January 31, 2017. The final request must be submitted by October 4, 2017. Requests after October 4, 2017 will not be honored.
ESTIMATED BUDGET SUMMARY – Title III, Immigrant
Fund Year: July 1, 2016 – September 30, 2017

Return To: Amber Lasseigne, Program Coordinator-Finance, Fax #: 972-348-1453 by June 3, 2016.

- If 6100 is not zero ($0.00), please complete the table below. The number should represent actual bodies, not FTE’s that will receive payroll checks from these funds.*

### Description of Payroll Costs-
(Do not include extra-duty pay in this count)

**This information is necessary for the completion of the Consolidated Application.**

***Any position paid with Federal Funds requires an annual Job Description and documentation of Time & Effort.***

Any position not listed must be approved by TEA. Call Amber Lasseigne as soon as possible.***

---

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Description</th>
<th>Budget Amount</th>
<th>Activity Numbers</th>
<th>General Purpose Of Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>6100</td>
<td>*Payroll Costs</td>
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<tr>
<td>6400</td>
<td>Other Operating Costs</td>
<td>$</td>
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<tr>
<td>16-17 Planning Amount</td>
<td>$</td>
<td></td>
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</tr>
<tr>
<td>Total Funds Available</td>
<td>$</td>
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</tr>
</tbody>
</table>

*All out of state travel and student field trips require prior approval from TEA, please contact Amber to submit requests.*

---

Title III, Part A Immigrant—Supplemental Activity Numbers

1. Family Literacy, Parent Outreach and training activities
2. Provision of tutoring, mentoring and academic/career counseling
3. Basic instruction services that are directly attributable to the presence of immigrant students
4. Activities coordinated with other organizations to offer parents comprehensive community services
5. Support personnel through professional development, including teacher aides
6. Identification/Acquisition of curricular materials, educational software and technologies

I certify this budget was created to meet the needs and activities identified in our CNA, DIP/CIP, and will be set up in the General Ledger to match this submission.

**Signature:** ____________________________ **Date:** ____________________________

Authorized Official
Title III, Part A—Immigrant Students
Report of Project Expenditures and Request for Reimbursement
2016-2017
July 1, 2016 – September 30, 2017

Name of LEA     CDN# Date of Request

Please indicate the expenditure amounts by activity number under correlating fund code. Expenditures must be placed into one of these categories to be reimbursed.

<table>
<thead>
<tr>
<th>Fund Code</th>
<th>Funds Expended This Period</th>
<th>Specify Amount for Activity No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6100</td>
<td>$</td>
<td></td>
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<tr>
<td>6200</td>
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<td>6400</td>
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<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Immigrant Activity Numbers
1. Family Literacy, Parent Outreach and training activities
2. Provision of tutoring, mentoring and academic/career counseling
3. Basic instruction services that are directly attributable to the presence of immigrant students
4. Activities coordinated with other organizations to offer parents comprehensive community services
5. Support personnel through professional development, including teacher aides
6. Identification/Acquisition of curricular materials, educational software & technologies

My LEA has considered the following questions when determining the eligibility of the above expenditures:
- The expenditure is reasonable, necessary, and allocable to carry out the intent and purpose of the program.
- The expenditure addresses a need previously identified in the campus comprehensive needs assessment.
- The activity/resource is in the CIP, and addresses how the activity/resource will be evaluated to measure a positive impact on student achievement.
- The expenditure is supplemental to other federal and non-federal programs.
- The expenditure follows district purchase policies and meets all EDGAR requirements.
- Time & effort is being recorded for all payroll split funded.
- Meals are reimbursed for actual expenses and not per diem.

By signing this report, I hereby certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award and appropriate supporting documentation is enclosed. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

<table>
<thead>
<tr>
<th>Typed Name of Authorized Fiscal Officer</th>
<th>Telephone Number</th>
<th>Date</th>
</tr>
</thead>
</table>

A reimbursement request must be submitted by January 31, 2017. The final request must be submitted by October 4, 2017. Requests after October 4, 2017 will not be honored.

Authorized Signature

Send one copy of the report to: Penny Douglas; 400 E. Spring Valley Road, Richardson, TX 75081-5101
Phone: 972-348-1390; FAX: 972-348-1391; E-Mail: reimbursements@region10.org

CFDA # 84.365A FY 2016 TEA Award # 17671003057950
Title III Salary Support Form  
Title III, LEP and Immigrant Shared Service Arrangement 2016-2017

LEA: ________________________

Your LEA has indicated that it will fund payroll out of federal funds. Please complete the following information and return to:
(for LEAs A-H) Karen Marek at fax 972-348-1339 or karen.marek@region10.org
(for LEAs I-Z) Penny Douglas at fax 972-348-1391 or penny.douglas@region10.org

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Position &amp; Subject</th>
<th>Total Salary Amount</th>
<th>Amount of salary to be funded with Title III</th>
<th>% of Salary from Title III Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Please provide a job description for salaried positions by January 31, 2017
Extra Duty Form – Title III, LEP/IMM

Current Employee Name: __________________________________________
Employee’s Position/Title: _______________________________________
Reports to: ___________________________________________________
LEA/Campus: __________________________________________________

EXTRA DUTY PAY

_____ During the 2016-2017 school year, the employee named above will conduct supplemental extra duty (hourly wage) activities paid 100% out of Title III, A Federal Funds.
Time will be documented by timecard, timesheet, ______________________________
Supplemental extra duties include (circle/list all that apply): Tutoring - Parent Outreach Activities - Family Literacy Activities - Supplemental Summer School -

• I agree to perform these activities as assigned and understand that these activities are supplemental and supported by the Title III, LEP/IMM program.
• I agree to provide supporting documentation of all supplemental activities as required by federal guidelines.
• I certify that the activities performed are reasonable and necessary, and allocable to the specified grant.

Signature of Employee: __________________________________________
Date: _________________________________________________________

-----------------------------------------------------------------------------------------------
The foregoing statements describe the extra duty responsibilities assigned to this staff person. I certify that the activities performed are reasonable and necessary, and allocable to the specified grant.

________________________________  _____________________
Name        Date
Miscellaneous Forms
2016-2017 AMENDMENT REQUEST

LEA: __________________________ County District Number: __________________________

Federal Program – Circle ONE: Title I,A  Migrant, Title II,A  Title III,LEP,  Title III,IMM

Desired Effective Date: ______________

Requested by: __________________________

Print Name  __________________________  Signature  __________________________  Date  __________________________

Contact Information:  Phone-___________  Email-___________

<table>
<thead>
<tr>
<th>Budget Change</th>
<th>6100</th>
<th>6200</th>
<th>6300</th>
<th>6400</th>
</tr>
</thead>
<tbody>
<tr>
<td>Move funds from:</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity Number Change Request</th>
<th>6100</th>
<th>6200</th>
<th>6300</th>
<th>6400</th>
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<tr>
<td>Add</td>
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<tr>
<td>Remove</td>
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<td>Remove</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Teacher Count Change Request</th>
<th>Administrative Position (List Position)</th>
<th>Program Position (List Position)</th>
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<tbody>
<tr>
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<td>Remove</td>
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<td>Add</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provide justification:

All amendments must be approved prior to spending.

*Any Capital Outlay must first receive TEA approval prior to expenditure.

**Final Amendment Due: 5/15/2017**
Funding Transferability

The LEA assures that:

A. When using Funding Transferability flexibility, up to 100 percent of the LEA’s funds from: will be transferred to:
   1. Title II, Part A, Subpart 2  1. Title I, Part A

B. No transfer of funds from Title I, Part A will occur.

C. When funds are transferred the LEA will comply with each of the rules and requirements applicable to the funds under the provision to which the transferred funds are transferred.

D. Consultations have occurred if the transfer transfers funds from a program that provides for the participation of students, teachers, or other educational personnel from private schools.

E. When making a transfer of funds, the LEA will:
   a. modify, to account for the transfer, each local plan, or application submitted, to which the funds relate;
   b. not later than 30 days after the date of transfer, submit a copy of the modified plan or application to the State; and
   c. not later than 30 days before the effective date of the transfer, notify the State of the transfer.

SSA Members:

On the table below, please indicate any funds you wish to transfer for the 16-17 fund year. Remember, no funds actually transfer, only the purpose of the funds. You will be responsible for indicating that transfer of purpose when requesting reimbursement.

If you do not wish to transfer any of the funds, please indicate by checking the appropriate “Does Not Apply” box.

<table>
<thead>
<tr>
<th>Applicable Fund Sources</th>
<th>Does not Apply</th>
<th>Title I, Part A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title II, Part A</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Signature: ___________________________
TRAVEL REIMBURSEMENT CHECKLIST

HOTEL/MEAL/AND MILEAGE EXPENDITURES MUST FOLLOW LEA TRAVEL POLICY

- CHECK PAYMENT WITH COMPLETED REGISTRATION FORM.
- CONFERENCE FLYER/AGENDA AND CERTIFICATE OF ATTENDENCE.
- MILEAGE WITH COPY OF GOOGLE MAP (DRIVER ONLY).
- CAR RENTAL INVOICE AND GAS RECEIPTS IF APPLICABLE.
- ITEMIZED HOTEL INVOICE FROM CHECKOUT. MUST LIST NAME(S) OF INDIVIDUAL(S) STAYING IN EACH ROOM.
- ACTUAL AMOUNT OF MEALS – NO PER DIEM ALLOWED. IF MEAL RECEIPTS REQUIRED THEN RECEIPTS MUST BE SUBMITTED FOR REIMBURSEMENT.
- SNACKS, ROOM SERVICE FEES, AND TIPS ARE NOT ALLOWABLE.
- ALL CREDIT CARD EXPENDITURES REQUIRE: COPY OF CHECK PAYING CC BILL, CC STATEMENT WITH EXPENDITURES CLEARLY MARKED, AND ITEMIZED RECEIPTS. (THIS INCLUDES MEAL RECEIPTS).
- AIRLINE RECEIPTS WITH TOTAL PAID.
- TAXI/SHUTTLE AND BAGGAGE FEE RECEIPTS. (EXPENSES UNDER $15 DO NOT REQUIRE A RECEIPT).
- TEXAS STATE TAXES ARE NOT ALLOWABLE. (MEAL RECEIPTS ARE AN EXCEPTION).

REIMBURSEMENT OF TRAVEL EXPENDITURES WILL NOT BE MADE WITHOUT SUBMISSION OF A COMPLETED TRAVEL FORM.
Sample Travel Reimbursement Form

Name_________________________________________  Traveling From:_________________________________________

Traveling To:_____________________________________

Purpose of Trip: __________________________________________
(Attach a copy of the registration, conference agenda and certificate of attendance).

Dates of Travel:
Departure Date:_________________________  Departure Time:_________________________
Return Date:_________________________  Return Time:_________________________

Privately Owned Conveyance_________Miles @ .54 cents
(For driver only) $________________

Public Conveyance (receipt required) (esp. car rental, taxi, shuttle) $________________
No tips allowed

Lodging (receipt required)
Must follow local travel policy rates
Total Nights ___ $________________
(Show occupancy tax in other expenses if it alone causes total
To exceed limit) State tax exempt form must be used.

Meals: (Actual amounts, NO Per Diem)
Meal Breakdown Sheet attached. No Tips Allowed.
Partial Day Meal Rate—67% of Full Day Meal Rate.
Must follow local travel policy rates
Total Days___ $________________

Other Expenses: (Itemized; Receipts required for items $15.00 and over. No tips, snacks, or room service fees allowed).

_________________________________________ $_________
_________________________________________ $_________
_________________________________________ $_________
_________________________________________ $_________

$________________

I certify that the travel listed was made in connection with official school business and the amounts are correct
and previously unclaimed. I understand that I may be called upon to provide receipts for all expenditures.

_________________________________________  _______________________
Signature of Claimant                     Date

_________________________________________  _______________________
Supervisor Approval                     Date
TEA Required
Attachments
Costs of entertainment, including field trips, have been determined to have a programmatic purpose for this federal grant program and are specifically authorized in the program guidelines.

You must justify your plans to use federal grant funds for the costs of field trips. Complete this form and submit it with your grant application to justify your planned expenditure of federal grant funds on costs of field trips.

Limit one justification per form. (Note: One justification for the same field trip location may include multiple campuses or grade levels.)

<table>
<thead>
<tr>
<th>Name of Federal Grant</th>
<th>Name of Grantee</th>
<th>County-District</th>
<th>Date Submitted</th>
</tr>
</thead>
</table>

**Description of Proposed Field Trip**

- **Destination**
- **# of Attendees**
- **Type of transportation**
- **Duration of instructional component**
- **Supported TEKS component(s)**

Describe the purpose of providing this field trip to attendees.

Describe how the field trip supports the goals and objectives of the federal grant.

Describe the specific need, as identified in your comprehensive needs assessment, for this field trip.
Justification of Specific Expenditure:
Program-Related Out-of-State Travel
School Year 2016-2017

The costs of program-related out-of-state travel have been determined to have a programmatic purpose for this federal grant program and are specifically authorized in the program guidelines.

You must justify your plans to use these federal grant funds for program-related out-of-state travel. Complete this form and submit it with your grant application to provide justification of your planned expenditure of federal grant funds on the costs of program-related out-of-state travel.

Limit one justification per form.

Name of Federal Grant

Name of Grantee

County-District #

Date Submitted

Description of Proposed Program-Related Out-of-State Travel

Destination

# of travelers

Is travel a requirement of the federal grant program?

Describe the purpose of the program-related out-of-state travel.

Describe how the program-related out-of-state travel relates to the grant responsibilities of the traveler(s).

Describe the specific need, as identified in your comprehensive needs assessment, that this out-of-state travel addresses.
Local educational agencies (LEAs) are allowed, with TEA's approval, to consolidate federal No Child Left Behind Act of 2001 grant funds from several federal grant programs in order to pay for the costs associated with the administration of those programs. [Title IX, Part B, Sec. 9201 and Sec. 9203.] The LEA may not use other funds from the contributing programs to pay for any administrative costs. TEA's approval of this form, when submitted upon request, and the issuance of the Notice of Grant Award for the corresponding grant applications, approves the inclusion of the NCLB programs listed below in the consolidation of administrative funds. Submission and approval of this form does not approve the percentages of funds consolidated when there is no statutory or state limitation for administration of the program funds. Auditors and monitors may review and determine if the percentage of administrative funds consolidated is reasonable and necessary.

**Directions:** Complete the chart below to identify the NCLB fund sources to be consolidated. Enter the total allocation, amount of administrative funds to be consolidated, and the percentage of the total allocation being consolidated. For fund sources not being consolidated, indicate not applicable (N/A). This form is to be completed and maintained at the local level as documentation for auditors and monitors. This form is to be submitted to TEA only upon request.

<table>
<thead>
<tr>
<th>NCLB Program</th>
<th>Maximum Percentage for Administration</th>
<th>Total Allocation</th>
<th>Amount Administrative Funds Consolidated</th>
<th>Percentage of Allocation Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title I, Section 1003(g)--TTIPS</td>
<td>5%</td>
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</tr>
<tr>
<td>Title I, Part A--Improving Basic Programs</td>
<td>Reasonable and necessary</td>
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<tr>
<td>Title I, Part C--Migrant</td>
<td>Reasonable and necessary</td>
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<tr>
<td>Title I, Part D--Neglected and Delinquent Children</td>
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<tr>
<td>Title II, Part A--Teacher Effectiveness</td>
<td>Reasonable and necessary</td>
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<tr>
<td>Title II, Part D--Education Technology</td>
<td>3% (No allocations; for REAP purposes only)</td>
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<tr>
<td>Title III, Part A--LEP</td>
<td>2%</td>
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<tr>
<td>Title III, Part A--Immigrant</td>
<td>Reasonable and necessary</td>
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<tr>
<td>Title IV, Part A--SDFSC</td>
<td>2% (No allocations; for REAP purposes only)</td>
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<tr>
<td>Title IV, Part B--21st CCLC</td>
<td>5%</td>
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<tr>
<td>Title V, Part A--Innovative Programs</td>
<td>Reasonable and necessary; for REAP purposes only</td>
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<tr>
<td>Title VI, Part B--Rural and Low-Income Schools</td>
<td>Variable; see Program Guidelines</td>
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</tbody>
</table>

I certify that the information contained herein is true and accurate, to the best of my knowledge, and appropriate documentation is maintained at the local level.

Signature ___________________________ Date ____________
The costs of hosting or sponsoring a conference have been determined to have a programmatic purpose for this federal grant program and are specifically authorized in the program guidelines.

You must have specific approval to use these federal grant funds to host or sponsor a conference. Complete this form and submit it with your grant application to request specific approval to expend federal grant funds on the costs of hosting or sponsoring a conference.

Limit one request for specific approval per form.

<table>
<thead>
<tr>
<th>Name of Federal Grant</th>
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<tbody>
<tr>
<td>Name of Grantee</td>
<td>County-District #</td>
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</table>

### Description of Proposed Conference

<table>
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<tr>
<th>Description</th>
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<tbody>
<tr>
<td>Intended Audience</td>
<td># of Attendees</td>
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</table>

Describe the costs you expect attendees to pay. If none, enter "N/A,"

Describe the purpose of hosting or sponsoring this conference.

Describe how the conference supports the goals and objectives of the federal grant.

Describe the specific need, as identified in your comprehensive needs assessment, for hosting or sponsoring this conference.
This form provides approval for the expenditure of federal grant funds for school year 2016-2017 on participant support costs as described below.

Enter the subrecipient's County-District Number and print a copy of this approval.

This completed form must be maintained locally as documentation of the approval and must be provided to auditors or monitors upon request.

This form satisfies the requirement in 2 CFR 200.456. See 2 CFR 200.75 Participant Support Costs for a definition.

Name of Federal Grant: Any federal grant administered by TEA in which parental involvement activities are required/allowable

Name of Grantee: All TEA subrecipients

County-District #

Description of Costs

Describe the planned participant support cost.

Parental involvement activities required, and therefore allowable, under federal program statute; this includes registration and travel costs for participating in allowable parent training or conferences and required parent involvement/advisory committees.

Explain how the planned participant support cost is reasonable and necessary, allocable to the federal or state grant program, and properly documented by the application. For a cost that is related to providing equitable services to eligible private nonprofit schools, check the box below and leave this section blank.

These activities are required, and therefore allowable, under specific program statute. Failure to provide these activities may be considered noncompliance with federal statute.

☐ Participant support costs are related to providing equitable services to eligible private nonprofit schools.

For TEA Use

☑ Request for prior written approval is approved as requested.

Please note: This activity is approved to the start of the individual subrecipient's federal grant as documented on the Notice of Grant Award (NOGA) for federal programs requiring/allowing parent involvement.

Signature of Chief Grants Administrator: L. Cory Green

Date: June 17, 2016
**Use of Funds Questionnaire**

**Quick Reference**

<table>
<thead>
<tr>
<th>Title Programs</th>
<th>Respond to Questions</th>
</tr>
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<tbody>
<tr>
<td>Title I, Part A</td>
<td>1 - 4, 5a, 6a</td>
</tr>
<tr>
<td>Title I, Part D</td>
<td>1 - 2, 5a, 6a</td>
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<tr>
<td>Title I, Part C</td>
<td>1 - 3, 5b, 6a</td>
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<tr>
<td>Title II, Part A</td>
<td>1 - 3, 5a, 6a</td>
</tr>
<tr>
<td>Title III, Part A</td>
<td>1 - 3, 5b, 6b</td>
</tr>
</tbody>
</table>

1. How is the expenditure reasonable and necessary to carry out the intent and purpose of the grant program?

2. a. What need, as identified in the comprehensive needs assessment, does the expenditure address?

   b. Explain how the expenditure addresses this need.

3. a. Provide the description, as written in the campus or district improvement plan, of the program, activity or strategy that will be addressed by the expenditure.

   b. How will the program, activity, or strategy be funded if the Title funds are not available?
4. If using **Title I, Part A funds for a schoolwide campus**, how will the expenditure upgrade the entire educational program on the campus?

   **Note:** For all other title fund sources, this question is not applicable.

5. a. If using **Title I, Part C and/or Title III, Part A** go to 5b, if using any other title fund source respond to:

   How is the expenditure supplemental to other nonfederal programs?

5b. If using **Title I, Part C and/or Title III, Part A funds**, how is the expenditure supplemental to other nonfederal and federal programs?

6. a. If using **Title III, Part A** go to 6b, if using any other title fund source respond to:

   How will the expenditure be evaluated to measure a positive impact on student achievement?

6b. If using **Title III, Part A funds**, how will the expenditure be evaluated to measure a positive impact on the English language acquisition and academic achievement of LEP students?
EDGAR Updates & Other Information
TOP TEN THINGS YOU NEED TO KNOW ABOUT EDGAR

1. Much of EDGAR is not new; what’s new is the need to have detailed documentation and written policies and procedures for expending federal and state grant funds. (see handout on EDGAR sections that require written policies and/or procedures.)

2. All federal purchases must meet these criteria:
   - Reasonable: fair price, does not deviate from established procedures which might increase cost
   - Necessary: needed for program, not just “nice to have”; in approved budget
   - Allowable: must meet applicable federal, state and local guidelines and policies
   - Allocable: expense is chargeable or assignable to the fund in accordance with the relative benefits received.
   (see sample Region 10 compliance form for purchases)
   Remember to document these criteria for internal charges and journal entries as well.

3. Quotes are required for federally funded items between $3,500 (small purchase threshold) and $50,000 (state competitive bid threshold). Use EDGAR compliant purchasing coops or state contracts when you can. When you can’t, be sure to document quotes. Be careful with sole source!

4. Costs requiring specific and/or prior approval (out-of-state travel; in-state travel for students or non-employees; hosting a conference; participant costs including stipends; capital outlay) must include proof of pre-approval by granting agency. Document approval!

5. Travel reimbursements must be based on actual expense up to the GSA maximum per diem allowance (not new). Meeting or conference travel needs an agenda attached and details on why the program benefits from that particular person attending that activity. Mileage reimbursements require electronic maps (Google, Mapquest), actual odometer readings or a standard mileage chart.
6. **Registration fees** can be paid ahead of time and expensed if they are charged to a 62XX and encumbered as personal services rather than travel. Normally travel expense cannot be obligated until the date of the travel so be careful about airfare paid ahead of time. It can be charged to a prepaid account and then expensed and claimed after the travel has taken place.

7. **Cash management** – when using the reimbursement method, **be sure that cash drawdowns do not include expenditures until cash has been disbursed**, i.e. exclude payroll accruals, and do not claim payroll benefits until withholding amounts have been sent.

8. **Documentation of personnel expenses** is still required although no longer referred to as “time and effort” and there are less specifics on the exact method for documenting. However, charges must be supported by a system of internal controls which provides reasonable assurance that charges are accurate, allowable and properly allocated. **You are safe if you use old time and effort procedures that have worked in the past.**

9. **Areas of Frequent Audit Exceptions: (may result in disallowed costs)**
   - Reasonable Costs – reasonable does not mean "nice to have"
   - Allocable Costs – (1) improper allocation of costs to the programs benefitting from the cost and (2) failure to demonstrate how a particular cost benefits the specific grant program
   - Inadequate original source documentation – completed Travel Voucher, credit card purchases (need itemized receipt, not just credit card receipt)
   - Travel costs – reimbursing per diem regardless of the amount employee actually spent
   - Title I schoolwide programs – cost not included in schoolwide plan; school didn't conduct needs assessment; plan didn't contain required components
   - Failure to compare budget to actual expenditures (general ledger)
   - Failure to have required written policies and/or procedures
   - Failure to have adequate internal controls to prevent fraud, waste, and abuse
   - Time and effort

10. **Resources:**
    - TEA Grants Administration Page  
      [http://tea.texas.gov/Finance_and_Grants/Administering_a_Grant.aspx](http://tea.texas.gov/Finance_and_Grants/Administering_a_Grant.aspx)
    - TEA Grants Administration – New EDGAR page (FAQs)  
    - TASBO Communities  
      Top Ten EDGAR Purchasing Pitfalls  
      (sign up for emails)
10 Components of a Title I, Part A Schoolwide Program

1. Comprehensive Needs Assessment
   a. Required: Establish a planning team of educators, parents, community members, and business representatives to review campus data and create a vision for schoolwide reform
   b. Required: Use data to create a campus profile that drives the Campus Improvement Plan
   c. Best practice: Involve total school staff in identifying campus needs

2. Reform strategies
   a. Required: Review program documentation to ensure that all instructional programs/instructional strategies are supported by scientifically-based research
   b. Best practice: Identify how each activity strengthens the core academic program
   c. Best practice: Identify scientifically-based research programs that increase the amount and quality of learning time

3. Instruction by Highly Qualified Teachers
   a. Required: Highly Qualified Paraprofessionals are still required under NCLB for 2016-2017
   b. Best practice: Highly Qualified Teachers are not a requirement under NCLB for 2016-2017, but ESSA for 2017-2018 does require “effective teachers,” and teachers must be state certified
   c. Best practice: Provide opportunities for teachers to observe master teachers in action

4. High-Quality and Ongoing Professional Development
   a. Required: Select professional development to meet the needs of all principals, teachers, paraprofessionals, parents, and others as appropriate
   b. Best practice: Utilize book study groups, professional learning communities, and online training to meet the needs and schedules of teachers
   c. Best practice: Rearrange the school day to provide a block of time for collaborative planning

5. Strategies to Attract Highly Qualified Teachers
   a. Required: For 2016-2017, paraprofessionals must still be Highly Qualified under NCLB
   b. Best practice: Highly Qualified Teachers are not a requirement under NCLB for 2016-2017, but ESSA for 2017-2018 does require “effective teachers,” and teachers must be state certified
   c. Best practice: Job fairs, multiple site job postings, mentoring, stipends for hard to staff positions

(continued on back)

For more information, please contact your Regional ESC NCLB contact or Anita Villarreal, TEA Division of Federal and State Policy.
ncb@tea.texas.gov  ♦  http://www.tinyurl.com/TEA-NCLB  ♦  http://tinyurl.com/10Components
6. **Strategies to Increase Parental Involvement**
   a. **Required:** Send information to parents in a language and format they understand (Examples: annual report cards, reports regarding student achievement, parent involvement policy and school-parent compact)
   b. **Required:** Include parents in developing the parental involvement policy and school-parent compact
   c. **Required:** Help parents understand the state’s academic content and achievement standards
   d. **Best practice:** Provide a family literacy program

7. **Transition (IN 2016-2017 THIS APPLIES TO TRANSITION FROM PRESCHOOL ONLY. UNDER ESSA BEGINNING 2017-2018, IT ALSO APPLIES TO MIDDLE AND HIGH SCHOOL TRANSITIONS.)**
   a. **Required:** Provide transition assistance for students coming from preschool
   b. **Best practice:** Arrange for kindergarten and preschool teachers to visit each other’s classrooms
   c. **Best practice:** Coordinate planning and professional development activities of preschool and kindergarten teachers to align the curricula and goals
   d. **Best practice:** Arrange guided site visits to high school for middle school students

8. **Teacher Decision-Making Regarding Assessments**
   a. **Required:** Include teachers in the decisions and planning regarding use of assessments
   b. **Best practice:** Provide opportunities for teachers to work together to develop student assessments (Examples: benchmarks, performance assessments, student inventories)
   c. **Best practice:** Provide professional development on using data to make instructional decisions, improve curriculum, and design assessments

9. **Effective and Timely Assistance to Students Experiencing Difficulty**
   a. **Required:** Analyze individual student data to identify needs and provide additional learning opportunities for all students who need it
   b. **Best practice:** Provide individualized and small group learning sessions
   c. **Best practice:** Incorporate computer assisted instruction, modifications, and accommodations for curriculum activities

10. **Coordination and integration of Federal, State, and Local Services, Programs, and Funds**
    a. **Required:** Use the flexibility to integrate services and programs to upgrade the entire educational program, thus helping all students reach proficient and advanced levels of achievement
    b. **Required:** When coordinating funds, a campus pays for an activity using Title I, Part A and some other fund source and tracks each portion to an allowable program expenditure
    c. **Best practice:** List Federal, State and Local services and programs that have common requirements (professional development, parent involvement, etc.) and determine where coordination and integration can occur based on program intent and purpose, and document coordination of program funds in CIP
The intent and purpose of Title I, Part A, is to provide supplemental resources to LEAs to help schools with high concentrations of students from low-income families provide high-quality education that will enable all children to meet the state student performance standards.

Costs in a Schoolwide Program are generally allowable as long as the LEA assures that:
- Activities and resources address needs identified in the Comprehensive Needs Assessment
- Activities and resources are included in the Campus Improvement Plan
- Campus Improvement Plan addresses how the activities/resources identified will be evaluated
- Expenditures are reasonable, necessary, and allocable
- The needs of students at risk of not meeting State Standards are met

In addition, the LEA assures that the expenditures meet all EDGAR requirements and that the LEA passed the supplemental funds test.

To be allowed to be charged to a grant, costs must meet the following criteria per 2 CFR 200.403 and follow the subgrantee’s local written procedures for allowability of costs:
- Reasonable – consistent with prudent business practice and comparable to current market value
- Necessary - required to carry out the intent and purpose of the Title I, Part A Program
- Allocable – chargeable or assignable in accordance with relative benefits received
- Conform with federal law and grant terms
- Consistent with state and local policies
- Treated consistently among all grant programs
- In accordance with generally accepted accounting principles (GAAP)
- Not included as match or cost-share
- Adequately documented

Most common uses of Title I, Part A Funds
- Personnel
- Supplemental instruction
- Instructional materials and software
- Nutritional snacks for children in extended day programs or child care while parents attend program activities
- Printing costs
- Training/professional development
- Transportation for extracurricular grant activities
- Travel costs for allowable grant activities (out of state requires prior TEA approval)
- Documented instructional field trips
- Support for homeless students
- Parent involvement activities

These are never allowed with Title I, Part A
- Alcohol
- Cell phones for personal use
- Entertainment, recreation, or social events
- Full meals for parents or students
- Fund-raising activities
- Promotional items or souvenirs

For more information, please contact your Regional ESC NCLB contact or Anita Villarreal, TEA Division of Federal and State Policy.

nclb@tea.texas.gov http://www.tinyurl.com/TEA-NCLB
What is a Comprehensive Needs Assessment?

A Comprehensive Needs Assessment (CNA) is an annual ongoing process for collecting and analyzing data as part of the school planning and decision-making process.

- NCLB Public Law 107-110, Section 1114(b)(1)(A) requires both schoolwide and targeted assistance campuses to analyze data to identify and prioritize needs.
- Texas Education Code Sections 11.252(a)(1-2) and 11.253 related to campus planning state that “the plan must include provisions for a comprehensive needs assessment addressing student performance on the student achievement indicators, and other appropriate measures of performance. Campus-level committees must assess the academic achievement for each student in the school using the student achievement indicator system.”

Why do we need a CNA?

The purpose of a Comprehensive Needs Assessment is to examine multiple sources of data, and identify priority needs and direction for the school in order to ensure success for all students.

- How are all students mastering the TEKS?
- How do we ensure their success on our state assessment?

This process is the prework to the district and campus improvement plans and decisions regarding use of funds. The data helps schools monitor and assess the impact of programs and provides schools with identified strengths and weaknesses and specifies priorities for addressing student achievement and meeting challenging academic and performance standards.

What areas are part of the CNA?

- Demographics
- Student achievement of all student groups
- School culture and climate
- Staff quality, recruitment and retention
- Curriculum, instruction and assessment
- Family and community involvement
- School organization
- Technology

Who should be on the CNA committee?

- Parents and other members of the community
- Teachers
- Principals
- Program administrators
- Pupil services personnel*
- Technical assistance providers*
- Secondary students*
- School staff*

(* if appropriate)
Purpose of the Campus Improvement Plan

- Using data from its needs assessment, a school must develop a comprehensive plan to improve teaching and learning in the school, particularly for those students farthest away from demonstrating proficiency on the State’s academic content and achievement standards.

- The Campus Improvement Plan (CIP) serves as the blueprint for how the campus will actually address the needs identified during the Comprehensive Needs Assessment (CNA). An effective CIP can bring focus and coherence to reform activities and help ensure unity of purpose, alignment, and clear accountability.

- There is no required format, but the Campus Improvement Plan must include a summary of the CNA, required accounting and program components, and how the program will be evaluated.

- For a Schoolwide Program, the campus must develop a comprehensive plan based on the CNA to reform the total campus instructional program as the second step of a required, year-long process.

Required Accounting Components for a CIP

- A description of how the campus will use Title I, Part A funds and other resources to implement the CIP

- A list of federal, state, and local programs that will be consolidated (if applicable), with the amount that each program will contribute to the schoolwide pool

Required Program Components for a Schoolwide Program

For a Schoolwide Program, the Campus Improvement Plan must address these 10 Components:

- Comprehensive needs assessment summary

- Schoolwide reform strategies

- Instruction by highly qualified teachers (for 2016-2017 paraprofessionals must be HQ, teachers must be state certified)

- High-quality and ongoing professional development

- Strategies to attract HQ teachers to high needs campuses (for 2016-2017 paraprofessionals must be HQ, teachers must be state certified)

- Strategies to increase parental involvement

- Transition plans from early childhood programs to elementary programs

- Measures to include teachers in decisions regarding use of academic assessments

- Effective and timely assistance for students

- Coordination and integration of federal, state, and local services and programs

(continued on back)
Required Program Components for a Targeted Assistance Program

For a Targeted Assistance Program, the Campus Improvement Plan must address these 8 Components:

- Use program resources to help participating students meet the State's challenging student academic standards
- Ensure that planning for students served is incorporated into existing school planning
- Use effective methods and instructional strategies that are based on scientifically-based research
- Coordinate with and support the regular education program
- Provide instruction by highly qualified teachers (for 2016-2017 paraprofessionals must be HQ, teachers must be state certified)
- Provide high-quality and ongoing professional development
- Provide strategies to increase parental involvement
- Coordinate and integrate federal, state, and local services and programs

Required Members on a Campus Improvement Planning Committee

- Parents of enrolled students
- Teachers
- Principals
- Community members
- Business and industry representatives
- Pupil services personnel
- Teacher of special needs students
- Secondary students*
- Technical assistance providers*

(* if appropriate)
Coordination and Integration of Federal, State, and Local Services and Programs

What is coordination and integration?
Effective schools coordinate and integrate programs and services by drawing on a wide range of resources such as funding, human, organizational, and facility. When coordinating funds, a campus pays for an activity using Title I, Part A and some other fund source and tracks each portion to an allowable program expenditure.

Why should a campus coordinate and integrate?
Schoolwide program campuses are expected to use the flexibility available to them to coordinate and integrate services and programs with the aim of:

- Upgrading the entire educational program AND
- Helping all students reach proficient and advanced levels of achievement

Coordination and integration of Federal, State, and local programs and services is one of the 10 Schoolwide Components under NCLB. Effective schools draw on a wide range of resources and monitor the impact to ensure that all students receive a quality education and achieve high academic expectations.

How can we coordinate and integrate?

- Document Federal, State, and local services and programs at each schoolwide campus such as:
  - Other Title Programs
  - Career and Technical Education
  - State Compensatory Education
  - Special Education
  - After school programs
  - Nutrition Programs
  - Homeless Programs
  - Head Start
  - Violence Prevention Programs
  - Adult Education
  - Job Training
  - Family Literacy

- List resources and services that have common requirements such as:
  - Professional Development
  - Parental Involvement
  - Violence Prevention
  - Family Literacy

(continued on back)
Determine where coordination and integration can occur based on program intent and purpose.

Document all coordinated programs, services, and funds in the correct location on the Campus Improvement Plan to show the school has met the intent and purpose of each program.

Exercising this option maximizes the impact of the resources available to carry out the schoolwide program and avoids duplication of effort through coordinated planning and implementation.

The resource column of the campus improvement plan is one way to document how programs are coordinated and integrated on the schoolwide campus. This can be done by showing how multiple funds are used to support specific strategies and activities when carrying out the plan.
Private Non Profit School Support

What are general requirements for providing services for Private Non Profit Schools (PNPs)?

- LEAs must set aside a proportionate amount of funds for private non profit school students
- Money cannot be given directly to the private school
- Districts must consult annually with PNPs on needs and spend set aside amounts appropriately on their behalf

Title I, Part A for PNPs

- Provides additional academic assistance for students who are failing or in danger of failing to meet academic standards, and parent involvement activities for their parents
- Student selection is based on multiple educational criteria
- Set aside amounts are based on numbers of low income students at the PNP
- Set aside amounts come from the district where the student resides, so a PNP could receive Title I, Part A services from more than one LEA

Title I, Part C for PNPs

- Provides Migrant Education Program services for PNP students who:
  - Meet the statutory and regulatory definition of a migrant child
  - Meet the priority for services criteria in Section 1304(d) and
  - Have special educational needs identified through the State's comprehensive needs assessment and service delivery plan
- Provides parent involvement activities for parents of served students
- Set aside amount comes from the district in which the PNP is located

Title II, Part A for PNPs

- Provides professional development for PNP teachers and administrators
- Professional development is focused on improving instruction
- Set aside amount comes from the district in which the PNP is located

Title III, Part A, LEP and Immigrant for PNPs

- Purpose is to ensure that eligible students attain English proficiency and high levels of academic English
- LEA identifies students at PNPs within district boundaries
- LEA provides instructional services for identified students and parent involvement activities for their parents
- Set aside amount comes from the district in which the PNP is located

For more information, please contact your Regional ESC NCLB contact or LaNetra Guess, TEA Division of Federal and State Policy.
ncnb@tea.texas.gov  http://tinyurl.com/TEA-PNP
Title I, Part A Targeted Assistance Program

Intent and Purpose
Title I, Part A, provides supplemental resources to LEAs to help schools with high concentrations of students from low-income families provide high-quality education that will enable all children to meet the state student performance standards.

Student Eligibility
A Targeted Assistance Program must use multiple (at least two), educationally-related, objective criteria to identify students who are failing or most at risk of failing to meet the state's student performance standards. The student eligibility criteria must be described in the Campus Improvement Plan.

Allowable Costs
In a Targeted Assistance Program, Title I, Part A funds must be spent for supplemental programs, activities, and strategies that are supported by scientifically-based research and meet needs that are identified in the Comprehensive Needs Assessment and listed in the Campus Improvement Plan. These funds may only be used to meet the needs of students identified as being in the greatest need of services based on the multiple criteria established for eligibility.

Eight Components of a Title I, Part A Targeted Assistance Program

1. Use program resources to help participating children meet the State’s challenging student academic achievement standards expected for all children
   a. Required: Establish a planning team of educators, parents, community members, and business representatives to review and analyze data from multiple sources and identify campus needs
   b. Best practice: Involve total school staff in identifying campus needs

2. Ensure that planning for students served is incorporated into existing school planning
   a. Required: Instructional teams use student learning data to identify students in need of tiered instructional support or enhancement
   b. Required: Supplemental instructional support strategies and methods of evaluation are included in the campus plan
   c. Best practice: Progress monitoring for individual students occurs every three weeks

3. Use effective methods and instructional strategies that are supported by scientifically-based research that strengthens the core academic program of the school
   a. Required: Give primary consideration to providing extended learning time, such as an extended school year, before and after school, and summer programs and opportunities
   b. Required: Provide an accelerated, high quality curriculum, including applied learning; minimize removing children from the regular classroom during regular school hours
   c. Best practice: Provide individualized tutoring and computer assisted instruction based on student needs

(continued on back)
4. **Coordinate with and support the regular education program, which may include services to assist preschool children in transition from early childhood programs such as Head Start, Even Start, Early Reading First or State-run preschool programs to elementary school programs**
   a. Required: Provide transition assistance for students coming from preschool
   b. Best practice: Arrange for kindergarten and preschool teachers to visit each other’s classrooms
   c. Best practice: Coordinate planning and professional development activities of preschool and kindergarten teachers to align the curricula and goals
   d. Best practice: Arrange guided site visits to high school for middle school students

5. **Provide instruction by Highly Qualified Teachers**
   a. Required: Highly Qualified Paraprofessionals are still required under NCLB for 2016-2017
   b. Best practice: Highly Qualified Teachers are not a requirement under NCLB for 2016-2017, but ESSA for 2017-2018 does require “effective teachers,” and teachers must be state certified

6. **Provide High-Quality and Ongoing Professional Development**
   a. Required: Select professional development to meet the needs of all principals, teachers, paraprofessionals, parents, and others who work with participating children
   b. Best practice: Utilize book study groups, professional learning communities, and online training to meet the needs and schedules of teachers

7. **Provide strategies to Increase Parental Involvement**
   a. Required: Send information to parents in a language and format they understand (Examples: annual report cards, reports regarding student achievement, parent involvement policy and school-parent compact)
   b. Required: Include parents in developing the parental involvement policy and school-parent compact
   c. Required: Help parents understand the state’s academic content and achievement standards
   d. Best practice: Provide a family literacy program

8. **Coordinate and Integrate Federal, State, and Local Services and Programs**
   a. Required: Include violence prevention programs, nutrition programs, housing programs, Head Start, adult education, vocational and technical education, and job training
   b. Required: When coordinating funds, a campus pays for an activity using Title I, Part A and some other fund source and tracks each portion to an allowable program expenditure
   c. Best practice: List Federal, State, and Local services and programs that have common requirements (professional development, parent involvement, etc.) and determine where coordination and integration can occur based on program intent and purpose and document coordination of program funds in the CIP
Title I, Part D, Subpart 2

Intent and Purpose

- Improve educational services for children and youth in local and state institutions for neglected and delinquent children and youth so that such children and youth have the opportunity to meet the same challenging state academic content standards and challenging state academic achievement standards that all children in the state are expected to meet.
- Provide such children and youth with the services needed to make a successful transition from institutionalization to further schooling or employment.
- Prevent at-risk youth from dropping out of school, provide dropouts and children and youth returning from correctional facilities or institutions for neglected or delinquent children and youth with a support system to ensure their continued education.

Intended Program Beneficiaries

Intended beneficiaries are all youth in correctional or delinquent facilities through the age of 21 and children and youth who have been in contact with the juvenile justice system but have returned to a campus operated by an LEA, including, as appropriate, migrant and immigrant children, gang members, and pregnant and parenting teens through the age of 21.

General Program Requirements

LEAs must collaborate with locally operated correctional facilities to do the following:

- Carry out high-quality education programs to prepare children and youth for secondary school completion, training, employment, or further education.
- Provide activities to facilitate the transition of such children and youth from the correctional program to further education or employment.
- Operate programs in local schools for children and youth returning from correctional facilities, and operate programs that may serve at-risk children and youth.

Allowable Activities and Uses of Funds:

If you receive Title I, Part D, Subpart 2, funds, you must use the funds to do the following:

- Operate programs that involve collaboration with locally operated facilities with which you have established formal agreements regarding the services to be provided.
- Carry out high-quality educational programs that prepare children and youth to complete high school, enter training or employment programs, or further their education.
- Provide activities that facilitate the transition of such children and youth from the correctional program in an institution to further education or employment.

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You may also use Title I, Part D, Subpart 2, funds as appropriate for the following types of activities:

- To carry out high-quality education programs that prepare children and youth to complete high school, enter training or employment programs, or further their education
- To provide activities that facilitate the transition of such children and youth from the correctional program in an institution to further education or employment
- To operate dropout prevention programs in local schools for children and youth who are at risk of dropping out or for youth returning from correctional facilities
- To operate dropout prevention programs that serve at-risk children and youth

For Title I, Part D, Subpart 2, an at-risk child or youth means a school-aged individual who meets one or more of the following:

- Is at risk of academic failure
- Has a drug or alcohol problem
- Is pregnant or is a parent
- Has previously come into contact with the juvenile justice system
- Is at least one year behind the expected grade level for the age of the individual
- Is a migrant or an immigrant
- Has limited English proficiency
- Is a gang member
- Has previously dropped out of school
- Has a high absenteeism rate at school

- To coordinate health and social services (day care, drug or alcohol abuse counseling, and mental health services) for children and youth who are at risk if there is a likelihood that providing such services will help these children complete their education
- To operate special programs that meet the unique academic needs of children and youth who are at risk, including vocational and technical education, special education, career counseling, curriculum-based entrepreneurship education, and assistance in securing of student loans or grants to postsecondary education
- To operate programs providing mentoring and peer mediation