

# 2021-2022 COVID-19 School Health Support Grant Application

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Start of Block: 2021-2022 COVID-19 School Health Support Grant Application

Q25 2021-2022 COVID-19 School Health Support Grant Application

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Q1 Authorizing Legislation:

**Q26 2021-2022 COVID-19 School Health Support Grant Application**



**Q30 2021-2022 COVID-19 School Health Support Grant Application**

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**Q14 LEA/ESC Application Contact Information**

Primary Contact Name (8) \_\_\_\_\_

Primary Contact Email (9) \_\_\_\_\_

Primary Contact Phone Number (13)  
\_\_\_\_\_

Secondary Contact Name (10)  
\_\_\_\_\_

Secondary Contact Email (11)  
\_\_\_\_\_

Secondary Contact Phone Number (12)  
\_\_\_\_\_

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**Q6 2021-2022 COVID-19 School Health Support Grant Application  
Private School Application Contact Information**

Full Formal Private School Name (1)

\_\_\_\_\_

TEPSAC School Number (put N/A if not applicable) (2)

\_\_\_\_\_

Vendor ID (16) \_\_\_\_\_

DUNS (17) \_\_\_\_\_

Full Street Address (3) \_\_\_\_\_

City (4) \_\_\_\_\_

ZIP Code (5) \_\_\_\_\_

Current Student Enrollment (Ages 3-21) (7)

\_\_\_\_\_

Primary Contact Name (8) \_\_\_\_\_

Primary Contact Email (9) \_\_\_\_\_

Primary Contact Phone Number (10)

\_\_\_\_\_

Secondary Contact Name (11)

\_\_\_\_\_

Secondary Contact Email (12)

\_\_\_\_\_

Secondary Contact Phone Number (13)

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**Q23 Shared Services Arrangments (SSAs)**

**Q25 SSA Members**

List all planned SSA members, including CDN or TEPSAC School Number, where applicable.

	LEA or Private School Name (1)	CDN or TEPSAC School Number, if Applicable (2)	SSA Member Grant Allocation (\$) (4)
SSA Member 1 (1)			
SSA Member 2 (2)			
SSA Member 3 (3)			
SSA Member 4 (13)			
SSA Member 5 (4)			
SSA Member 6 (5)			
SSA Member 7 (6)			
SSA Member 8 (7)			





SSA Member 19 (19)			
SSA Member 20 (20)			

SSA Member 19 (19)			
SSA Member 20 (20)			

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### Q24 Certification and Incorporation

I understand that this application constitutes an offer and, if accepted by TEA or renegotiated to acceptance, will form a binding agreement. I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the organization named above has authorized me as its representative to obligate this organization in a legally binding contractual agreement. I certify that any ensuing program and activity will be conducted in accordance and compliance with all applicable federal and state laws and regulations.

I further certify my acceptance of the requirements conveyed in the following portions of the grant application, as applicable, and that these documents are incorporated by reference as part of the grant application:

Grant application, guidelines, and instructions (1)

General Provisions and Assurances and any application specific provisions and assurances (2)

Debarment and Suspension Certification (3)

Lobbying Certification (4)

CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Funding Grant codified in 42 USC 241(A) and 247 B(K)2 (5)

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**Q15 Certification and Incorporation Acknowledgement**

Authorizing Official Name (1)

\_\_\_\_\_

Title (2) \_\_\_\_\_

Email (3) \_\_\_\_\_

Phone (4) \_\_\_\_\_

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**Q16 Certification and Incorporation Acknowledgement Signature**

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**Q22 Certification and Incorporation Acknowledgement Signature Date**

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## Q19 Statutory/Program Assurances

The following assurances apply to this grant program. In order to meet the requirements of the grant, the grantee must comply with these assurances. Check each of the following boxes to indicate your compliance.

The applicant provides assurance that program funds will supplement (increase the level of service), and not supplant (replace) state mandates, State Board of Education rules, and activities previously conducted with state or local funds. The applicant provides assurance that state or local funds may not be decreased or diverted for other purposes merely because of the availability of these funds. The applicant provides assurance that program services and activities to be funded from this grant will be supplementary to existing services and activities and will not be used for any services or activities required by state law, State Board of Education rules, or local policy. (1)

The applicant provides assurance that the application does not contain any information that would be protected by the Family Educational Rights and Privacy Act (FERPA) from general release to the public. (2)

The applicant provides assurance to adhere to all Statutory Requirements and TEA Program Requirements as noted in the 2021-2022 COVID-19 School Health Support Grant Program Guidelines. (3)

The applicant provides assurance to adhere to all Performance Measures, as noted in the 2021-2022 COVID-19 School Health Support Grant Program Guidelines, and shall provide the Texas Education Agency, upon request, any performance data necessary to assess the success of the program. (4)

The applicant assures that any Electronic Information Resources (EIR) produced as part of this agreement will comply with the State of Texas Accessibility requirements as specified in 1 TAC 206, 1 TAC Chapter 213, Federal Section 508 standards, and the WCAG 2.0 AA Accessibility Guidelines. (5)

The applicant assures that it will comply with all reporting requirements, including submitting required monthly and final reports, as required by TEA. (6)

The applicant assures that it will only use grant funds for activities allowable under the CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of





## Q21 Allowable Uses of Funds

**Instructions** Complete the form below, separating costs by allowable uses of funds listed below. Grantees are allowed to spend grant funds on the following activities. Check the boxes to indicate the activities that you intend to use grant funds, and enter the estimated expenditure for each activity in the budgeted amounts column. Enter the total allowable use of grant funds (if not zero) for the Total Amount field. LEAs: The total Allowable Uses of Funds must equal your LEA's pre-determined allocation. Private Schools: For planning purposes, a private school may estimate their allocation at \$38.57 per student age 3-21. The Total of All Allowable Uses of Funds in this section cannot exceed the total amount of your grant.



<p>circulation (2)</p>		
<p>4. Public health events that include students and other community members and are aimed at providing opportunities for increased detection and prevention of COVID-19 (5)</p>		
<p>5. Expanding capacity to administer coronavirus testing to effectively monitor and suppress the virus (8)</p>		
<p>6. COVID-19 testing-test kits, turn-key testing services, services (9)</p>		
<p>7. Costs to obtain a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver (10)</p>		
<p>8. Partial funding for staff who will be conducting grant-related duties for screening testing or COVID prevention programs that are outside of the staff regular duties (12)</p>		



**Q21 2021-2022 COVID-**

claim a maximum for indirect costs equal to its current approved restricted indirect cost rate for this federally funded grant. This will apply to LEA applicants with a rate issued by TEA. No response is needed in this section for LEAs to claim their current approved restricted indirect cost rate. Private Schools: If a grantee does not have a current approved restricted indirect cost rate, the grantee may claim no more than 8% for this federally funded grant.

**Q26 Direct Administrative Costs** Enter the percent of Direct Administrative Costs budgeted for this grant program in decimal format (i.e. .05 to indicate 5%). Enter 0 if not claiming these costs.

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