APPENDIX E: COVER PAGE

**Professional Development Program**

**Supporting House Bill 2223**

|  |  |
| --- | --- |
| Applicant: |  |
| Address: |  |
| City/State/Zip: |  |
|  |  |
| Applicant Contact (Director): |  |
| Phone Number: |  |
| Fax Number: |  |
| E-Mail Address: |  |
|  |  |
| Applicant Contact (Co-Director): |  |
| Phone Number: |  |
| Fax Number: |  |
| E-Mail Address: |  |
|  |  |
| Authorized Signature: |  |
| Printed Name and Title: |  |
| Date: |  |

APPENDIX F: PROPOSED BUDGET SUMMARY

|  |  |
| --- | --- |
| ***Applicant*** | |
| ***BUDGET CATEGORY*** | ***TWO-YEAR TOTAL*** |
| **A. Personnel\*** *Salaries and Wages for ( ) FTE Employees*  (Recommended not to exceed (30)% of total proposed direct costs) | $ |
| *Fringe Benefits @ ( %)* | $ |
| *Total – Salaries, Wages, and Fringe Benefits* | $ |
| **B. Personnel Travel** | $ |
| **C. Professional and Contracted Services** | $ |
| **D. Supplies and Materials** | $ |
| **E. Meeting Costs** | $ |
| **F. Other Direct Costs** | $ |
| **G. TOTAL DIRECT COSTS FOR TWO-YEAR GRANT PERIOD** | **$** |
| I hereby certify that I have read and agree to comply with all conditions of this grant and agree to return to the THECB any funds not expended in compliance with those conditions.  Project Director’s Signature *(required only prior to funding)* Date | |
| I hereby certify that I have read and agree to comply with all conditions of this grant and agree to return to the THECB any funds not expended in compliance with those conditions.  Institutional Representative’s Signature *(required only prior to funding)* Date | |

APPENDIX G: PROPOSED BUDGET NARRATIVE

Applicant

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Narrative by Category** | | **Year 1** | **Year 2** |
| **A. Personnel** | | | |
| • |  | $ | $ |
|  | Description: | | |
| • |  | $ | $ |
|  | Description: | | |
| • |  | $ | $ |
|  | Description: | | |
| • |  | $ | $ |
|  | Description: | | |
| ***Personnel Total*** | | ***$*** | ***$*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **B. Personnel Travel** | | | |
| • |  | $ | $ |
|  | Description: | | |
| • |  | $ | $ |
|  | Description: | | |
| • |  | $ | $ |
|  | Description: | | |
| • |  | $ | $ |
|  | Description: | | |
| ***Personnel Travel Total*** | | ***$*** | ***$*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **C. Professional and Contracted Services** | | | |
| • |  | $ | $ |
|  | Description: | | |
| • |  | $ | $ |
|  | Description: | | |
| • |  | $ | $ |
|  | Description: | | |
| • |  | $ | $ |
|  | Description: | | |
| ***Professional and Contracted Services Total*** | | ***$*** | ***$*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **D. Meeting Costs** | | | |
| • |  | $ | $ |
|  | Description: | | |
| • |  | $ | $ |
|  | Description: | | |
| • |  | $ | $ |
|  | Description: | | |
| • |  | $ | $ |
|  | Description: | | |
| ***Meeting Costs Total*** | | ***$*** | ***$*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **E. Supplies and Materials** | | | |
| • |  | $ | $ |
|  | Description: | | |
| • |  | $ | $ |
|  | Description: | | |
| • |  | $ | $ |
|  | Description: | | |
| • |  |  |  |
|  | Description: | | |
| ***Supplies and Materials Total*** | | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **F. Other Direct Costs** | | | |
| • |  | $ | $ |
|  | Description: | | |
| • |  | $ | $ |
|  | Description: | | |
| • |  | $ | $ |
|  | Description: | | |
| • |  | $ | $ |
|  | Description: | | |
| ***Other Direct Costs Total*** | | ***$*** | ***$*** |

|  |  |  |
| --- | --- | --- |
| ***TOTAL FUNDING FOR GRANT PERIOD*** | ***$*** | ***$*** |

**End of Section**

APPENDIX H: TIMELINES

**Professional Development Program**

**Supporting House Bill 2223**

|  |  |
| --- | --- |
| **Applicant Name:** |  |
| **ACTIVITIES TIMELINE FOR DELIVERABLES** | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Activity | Estimated Start Date | Estimated End Date |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |

**APPENDIX H: TIMELINES (CONTINUED)**

**Professional Development Program**

**Supporting House Bill 2223**

|  |  |
| --- | --- |
| **Applicant Name:** |  |
| **ACTIVITIES TIMELINE FOR TRAININGS** | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Activity | Estimated Start Date | Estimated End Date |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |

APPENDIX I: APPLICATION EVALUATION FORM

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant** |  | | |
| **Evaluator ’s Number** |  | | |
| **Date of Review** |  | | |
| **Application Component** | | **Max**  **Points** | **Actual**  **Points** |
| **Project Narrative (130)** | | | |
| **Professional Development Support Services (40)** | | | |
| Describe proposed Professional Development topics and the analysis and data to be used to determine these topics. | | 15 |  |
| Describe how the Applicant’s evaluation methods will track both the immediate benefits of trainings and participant satisfaction with Professional Development topics. | | 10 |  |
| Describe the process/platform to be used to increase the number of Online Training and/or Hybrid Training sessions available to public institutions of higher education throughout the Grant Period as required by this RFA. | | 5 |  |
| Describe the proposed collaborative process to be used for event planning, registration,  communication and promotion of statewide professional development events, including coordination with other agencies. | | 5 |  |
| Describe how the Applicant will ensure sufficient regional Professional Development  coverage to meet the demand of this RFA. | | 5 |  |
| ***COMMENTS:*** | | | |
| **Demonstrated Experience (45)** | | | |
| Describe the Applicant’s or Key Personnel’s experience with and/or understanding of Developmental Education (e.g. TSI, corequisite models, HB2223, etc.) in Texas that provides evidence of a knowledge base relevant to this RFA. | | 15 |  |
| Describe the Applicant’s experience coordinating with multiple organizations to assist with the development and use of ongoing Professional Development plans and services. | | 5 |  |
| Describe the Applicant’s experience with delivery of Professional Development support to higher education faculty, staff, and administrators, to include state- directed efforts to deliver innovative practices and strategies to address the needs of underprepared students, | | 10 |  |
| Describe the Applicant’s experience with providing logistics for large-scale Training Events, to include registration, fee collection, communications with trainers and participants, confirmation/cancellation, documentation, etc. | | 5 |  |
| Describe the Applicant’s experience with conducting academic research and  incorporating evidence-based best practices in training materials in formats appropriate for training participants. | | 10 |  |
| ***COMMENTS:*** | | | |
| **Program Administration (45)** | | | |
| Describe the capacity of the Awarded Applicant to effectively manage the programmatic, fiscal, and administrative aspects of the PD Program. | | 15 |  |
| Describe the management structure that will enable efficient and effective communication between staff of the PD Program, public institutions of higher education, other agencies and organizations, and the THECB. | | 15 |  |
| Describe professional qualifications that will be required of the project director and other key staff. Explain why these qualifications are sufficient to ensure successful implementation of the PD Program. | | 15 |  |
| ***COMMENTS:*** | | | |
| Timelines | | | |
| **Timelines (10)** | | | |
| Applicant’s proposed Timeline for hiring staff and meeting the Deliverables (Appendix B) of this RFA is reasonable and comprehensive. | | 5 |  |
| Applicant’s proposed Timeline for Major Training Initiatives is reasonable. | | 5 |  |
| ***COMMENTS:*** | | | |
| Budget | | | |
| **Budget (10)** | | | |
| The budget for the project is adequate to support the project activities. | | 5 |  |
| Costs are reasonable in relation to the objectives of the project? | | 5 |  |
| ***COMMENTS:*** | | | |