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 Developmentcoverage 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 andincorporating 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:*** |