Instructions for Completing Application,
Cover Page, and Required Certifications

1. Email the completed Application, Budget Form, and Project Evaluation Plan to Perkins.Equity@highered.texas.gov. Transmittal emails must use the subject line APPLICATION [INSTITUTION NAME].

2. Narrative portions of this application must be separated by HARD RETURNS into paragraphs for readability. Applications submitted without paragraphing will be returned for correction. There is no word limit for the narrative sections.

3. Examples are provided in this application of the Project Evaluation Plan and Budget Forms. These examples should not be filled out. Please download the Evaluation and Budget forms in Excel format at www.highered.texas.gov/peaop and submit them with the application.

4. The Cover Page and required Lobbying and FFATA certifications must be downloaded in PDF format at www.highered.texas.gov/peaop and submitted to Perkins.Equity@highered.texas.gov by the due date specified in section 2.3 of the RFA. Transmittal emails must use the Subject line COVER PAGE & CERTIFICATIONS [INSTITUTION NAME].

PERKINS EQUITABLE ACCESS AND OPPORTUNITY GRANT PROGRAM
APPLICATION

Applicants should not complete the application until they have read RFA sections 5, 8, 9, and 10 carefully. All definitions, descriptions, and instructions in the RFA are binding on the application.

TOTAL FUNDING REQUESTED	
REQUESTED DURATION OF PROJECT	☐ 1 Year
	☐ 2 Years

SECTION I: APPLICATION EVIDENCE

Use the instructions and Evidence Tree provided in RFA Sec. 9.2 to determine the application's evidence tier.

EVIDENCE TIER SELECTION

Select and check **ONE** appropriate program tier for your proposed program based on your answers to the decision tree questions in RFA 9.2.

☐ High Evidence Program Tier
> *If your program qualifies as a High Evidence Program, please check this box and complete the required documentation of evidence chart.*

☐ Moderate Evidence Program Tier
> *If your program qualifies as a Moderate Evidence Program, please check this box and complete the required documentation of evidence chart.*

☐ Performance Program Tier
> *If your program qualifies as a Performance Program, please check this box and complete the required documentation of evidence representing at least two years of program implementation in the Performance Chart.*

☐ Experience Program Tier
> *If your program qualifies as an Experience Program, please check this box. No outcome data or documentation of evidence is required; however, anecdotal evidence such as opinion surveys and testimonials on services provided for at least one year prior to the application must be provided.*

☐ New Program Tier
> *If your program qualifies as a New Program, please check this box. No outcome data, documentation of evidence, or anecdotal evidence is required; however, anecdotal evidence of success in similar interventions may be provided to support the proposed activities.*

DOCUMENTATION OF EVIDENCE, BASED ON EVIDENCE TIER SELECTION

Fill in **ONLY** the information and/or data required for the selected tier. **DO NOT** enter information and/or data for any tier other than the tier selected.

For High or Moderate Evidence Program Tiers

Complete this chart to reference the CLEAR or Other Entity (listed below) reviewed study of the comparable, replicable program. Only studies that have been evaluated by Clearinghouse for Labor Evaluation and Research (CLEAR) or by an Other Entity listed in the RFA may be used to support a proposed program. Please copy and paste from CLEAR or Other Entity and enter into the right-hand column. **Attach the complete study or studies to your application.**

High Evidence or Moderate Evidence: STUDY #1

Evaluation Source	
Study #1 name:	
Study Full Citation:	
Findings:	
CLEAR or Other Entity Causal Evidence Rating:	
Key elements of the study program that will be implemented:	
Elements of the study program that will be changed or not implemented, and why these changes do not affect the validity of the comparison:	
Data to be collected to compare outcomes between the study and proposed programs:	
Appropriateness of proposed geography and population to be served:	

High Evidence: STUDY #2

Evaluation Source	
Study #2 name:	
Study Full Citation:	
Findings:	
CLEAR or Other Entity Causal Evidence Rating:	
Key elements of the study program that will be implemented:	
Elements of the study program that will be changed or not implemented, and why these changes do not affect the validity of the comparison:	
Data to be collected to compare outcomes between the study and proposed programs:	
Appropriateness of proposed geography and population to be served:	

Evaluation Reviewed Study Sources

Clearinghouse for Labor Evaluation and Research (CLEAR) - https://clear.dol.gov/study-database

Pathways to Work Evidence Clearinghouse - https://pathwaystowork.acf.hhs.gov/studies

CrimeSolutions - https://crimesolutions.ojp.gov/search-tips

For the Performance Program Tier

The Performance Program Tier that you have selected must be supported by data and

information showing that the program creates an intended change in participants, and that participants show a positive outcome following the program.

Fill out the chart on the following page as completely as possible with data from previously implemented programs. Historical output and outcome data must represent at least two years of program implementation, either directly collected or from the similar program being used as evidence. Also, provide information that will support demonstration of your organization's ability to manage grant programs to significant and strong outcomes such as an evaluation from this or a similar program to support the design and anticipated outputs and outcomes.

Include that information as an attachment to the application. You may include information from previous grants, programs, and services.

Please group your information first by funding source or type of grant. Include information from previous grants, and list at least two years or more of data. An example follows:

Example: Performance Chart

History		Participant Data			Highest Credential Earned Per Participant			Employment Placement Data	
History of Special Populations Equity Initiative or Intervention (I.e. Grant, Program, Service)	Years of Operation	Number of Participants	Number Completing Credentials Program	% Completing Program	Occupational Skills Award	Certificate I or II	Applied Associate Degree	Number of Placements (Program Completers)	% of Placements (Completers)
Example									
Nontraditional CTE Student Cohorts for Success (local project funded by college foundation)	FY21 & 22	100	55	55%	5	10	10	53	53%
Special Populations: A Regional Approach (Perkins Leadership project)	FY18-22	300	210	70%	50	80	80	200	67%

Use the example provided to complete the following chart as accurately as possible:

- ☐ *Initiatives and interventions should have a direct relationship to the deliverables and targets in the proposal.*
- ☐ *Each data entry must be expressed as a number – either actual and/or percentage.*
- ☐ *If any of the deliverables are not relevant/applicable to the listed activity, note N/A.*
- ☐ *Please list all initiatives and interventions chronologically, by year.*

Performance Chart for Completion by Applicant

History		Participant Data			Highest Credential Earned Per Participant			Employment Placement Data	
History of Special Populations Equity Initiative or Intervention (i.e. Grant, Program, Service)	Years of Operation	Number of Participants	Number Completing Credentials Program	% Completing Program	Occupational Skills Award	Certificate I or II	Applied Associate Degree	Number of Placements (Program Completers)	% Of Placements (Completers)

Previous Evaluation for the Performance Program Tier

Do you have an evaluation performed by an external entity from this or a similar program to support the design and anticipated outcomes?

☐ No

☐ Yes - **Include the external evaluation as an attachment to the application.**

For the Experience Program Tier

To qualify for bonus points under the Experience Program Tier, please provide anecdotal participant success stories or other testimonials and results of any satisfaction survey of participants that demonstrate the effectiveness of the services provided for <u>at least one year prior</u> to grant application.

For the New Program Tier

New programs have no evidence of effectiveness and have not been evaluated; however, these programs are eligible for funding and are encouraged to apply. Explain why the proposed program will achieve the specific outcomes proposed in the main body of the application and demonstrate that there is capacity to collect sufficient data to track outcomes from the program.

APPLICATION SECTION II: PROGRAMMATIC NARRATIVE

1. Demonstrated Level of Commitment

Describe how the institution is currently working toward more equitable access and opportunity for the target population. Discuss the role of student equity in the institution's overall mission and values. Document the commitment of the institution's executive leadership to student equity.

2. Demonstrated Student Need

Discuss and document the barriers to success that the proposed project is intended to mitigate or eliminate.

3. Project Plan

Describe the purpose, scope, goals and objectives, program design, deliverables, and intended outcomes of the proposed project. The Project Evaluation Plan below will also be used in assessing the quality of the project plan.

4. Key Staff

Identify staff who will implement the project by name and title. Discuss their qualifications for the work and describe past and current equity work performed by each staff member.

5. Extent and Durability of Project (Sustainability)

Describe the proposed project's planned impact on targeted students during the grant period and its intended future impact on students with barriers to success after the grant period has ended. Discuss the institution's plan for maintaining and institutionalizing the deliverables of the project after the funding period.

6. Replicability

Describe the extent to which the project can be replicated by other institutions in whole or part and discuss approaches to ensuring replicability

Project Evaluation Plan

List project Goals and the measurable Objectives designed to meet each goal. For each Objective, indicate how it will be measured and the data to be used in measuring whether the objective has been fulfilled. List the Activities/Strategies that allow the applicant to fulfill each objective, with a timelines and measurable or finite performance targets for each Activity/Strategy. A measurable target is one for which the outcome is quantifiable. A finite measure is one that has a single defined outcome for which the measure is met if the outcome is achieved.

Two-year proposals must indicate timelines for the entire grant period.

Do not fill this out in the application. Download the evaluation plan Excel file on the equity webpage www.highered.texas.gov/peaop and submit as a supplemental document with the application. Example below.

GOAL 1 (Add Goals as needed.)		
[State Goal 1 in this box.]		
OBJECTIVES (Add measurable objectives for Goal as needed.)		
Objective 1:		
Measure:		
Data:		
Activities/Strategies (Add lines for additional activities as needed)	**Timeline Planned**	**Measurable Performance Target**

APPLICATION SECTION III: PROJECT BUDGET

Program budget requests should align with RFA permissible uses of funds and cost guidelines. Each schedule within the budget has a specific purpose and follow section 9.4 of the RFA.

Do not fill this out in the application. Download the budget Excel file on the equity webpage www.highered.texas.gov/peaop *and submit as a supplemental document with the application. Example below.*

Line	II. Title/Position	III. % of Time on Project	IV. Amount
	Schedule A		
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
		Total	$ -

COST CATEGORY	(A) Original Budget	(B) Cumulative Budget Revisions Requested	(C) Revised Total Budget	(D) Actual Cumulative Expenditures Through:
		CB100		
1. **Salaries and Fringe Benefits** (Schedule A)				$ -
2. **Travel** (Schedule B)				$ -
3. **Capital Outlay/Equipment** (Schedule C)				$ -
4. **Consultant and Service Contracts** (Schedule D)				$ -
5. **Subgrants** (Schedule E)				$ -
6. **Operating Expenses, Services, Books, and Supplies** (Schedule F)				$ -
7. **SUBTOTAL - DIRECT** (Lines 1-6)				$ -
8. **Administration** (Schedule G)				$ -
9. **TOTAL** (Line 7 plus Line 8)				$ -
10. **LAST EXPENDITURE REIMBURSEMENT REQUEST TOTAL** (Line 9 Column D on prior request)				$ -
11. **TOTAL REIMBURSEMENT FOR THIS REQUEST** (Line 9 minus Line 10)				$ -

APPLICATION SECTION IV: REQUIRED SIGNATURE PAGES

Documents listed below should be included as supplemental documents to the application. See due dates in section 2.3 of the RFA.

- Grant cover page- Download at www.highered.texas.gov/peaop
- Certification Regarding Lobbying- Download at www.highered.texas.gov/peaop
- Federal Funding Accountability and Transparency Act Certification (FFATA)- Download at www.highered.texas.gov/peaop