

# Terrell Independent School District

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April 20, 2020

Mr. Kenneth Gilbert  
Regional Program Manager  
Administration for Children and Families  
1301 Young Street, Room 937  
Dallas, Texas 75202-5433

Dear Mr. Gilbert:

During the April 20, 2020, Board Meeting, the Terrell Independent School District (TISD) School Board reviewed and approved the 2020 Cost of Living Application (COLA) & Quality Improvement Application in the amount of \$75,596 Federal and \$18,999 non-Federal for the project period of 4/1/2020 to 3/30/2021. Mrs. Dena Risinger, Chairperson, chaired this meeting.

The Terrell ISD Head Start COLA and Quality Improvement Application is submitted for your approval. We appreciate your continued support for this program.

Sincerely,

Dena Risinger  
Board Chairperson  
Terrell ISD  
06CH011444



## Cost-of-living Adjustment (COLA) & Quality Improvement

Terrell Independent School District addresses comparability of the District's Head Start salaries by analyzing and comparing salaries of similar staff positions in Kaufman County school districts and Region 10 Education Service Center area school districts.

Terrell Independent School District's compensation plan is reviewed, updated, and approved by the Board of Trustees on an annual basis.

Head Start employees will receive the same salary increase as approved for other employees in their position, which is above the 2.0% COLA.

Categories	Base Salaries	COLA Increase
HS Employees	\$850,313	\$17,006 (2.0%)
HS Benefits	\$112,447	\$ 2,249 (2.0%)
Disabilities Coordinator	\$2,000 (Stipend)	\$ 1,341 toward the amount
<b>Total COLA Award</b>		<b>\$20,596</b>

Terrell ISD Head Start program will use Quality Improvement funds to address the need to support children, families, and staff impacted by trauma in the service area. The Multi-Family Therapy Group model (MFG) was examined and found to meet all the needs of the program.

Services will be provided and lead by a Licensed Family Therapist, who also has experience working with young children. The therapy will consist of series of weekly group meetings with six to eight families; the MFG model melds group therapy, family support, systemic family therapy, and behavioral parent training.

Group sessions may occur weekly for a period of 8 – 10 weeks or may be “open-ended sessions”, allowing new group members to join at any time with no set ending to the group. Sessions are forecasted to last 2 hours.

The therapist's role will include providing psychoeducational information about typical family issues such as childhood behavioral difficulties, parent-child communication, discipline, stress management, etc., as well as managing the exchange and flow of information around the group.

# Terrell Independent School District



Categories	Cost	Quality Award
Agreement w/Licensed Family Therapist Annual Contract	\$80/hr @ 65 hours per month @ 9 months	\$46,800
Supplies used by Therapist to work with families	\$8,200	\$ 8,200
<b>Total Quality Improvement Award</b>		<b>\$55,000</b>

The \$20,596 COLA award and \$55,000 Quality Improvement award will become part of the 2020-2021 school year budget upon receipt of approval from the Office of Head Start and awarded to the Head Start staff and program beginning September 2020. The COLA increases will be compliant with the provisions of Section 653 of the Head Start Act.

**Total COLA & Quality Improvement Supplement amount: \$75,596**



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## **Cost-of-living Non-Federal (COLA) & Quality Improvement Award**

The COLA and Quality Improvement award are subject to the non-federal share requirements of the Head Start Act. The Terrell Independent School District (TISD) will respectfully submit the 20 percent requirement for the permanent COLA and Quality Improvement increase funding. The areas of non-federal share are maintenance services and utilities paid for the Head Start program.

These funds are contributed by TISD to support the Head Start program. The following are the proposed Non-federal resources to be provided by Terrell ISD for the purpose of COLA and Quality in the amount of \$18,999

This amount will be provided from services rendered by the following personnel to the Head Start program to ensure high quality services to students.

- Physical Education teacher
- Computer Lab Aide
- Music Teacher
- Nursing Personnel

### Application for Federal Assistance SF-424

**\* 1. Type of Submission:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\* 2. Type of Application:**

- ☐ New  
☐ Continuation  
☒ Revision

**\* If Revision, select appropriate letter(s):**

Increase Award

**\* Other (Specify):**

**\* 3. Date Received:**

**4. Applicant Identifier:**

06CH011444

**5a. Federal Entity Identifier:**

N/A

**5b. Federal Award Identifier:**

06CH011444

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

TERRELL INDEPENDENT SCHOOL DISTRICT

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

75-6002575

**\* c. Organizational DUNS:**

080734155

**d. Address:**

**\* Street1:**

921 S Rockwall Ave

**Street2:**

W. H. Burnett Elementary

**\* City:**

Terrell

**County/Parish:**

Kaufman County

**\* State:**

TX: Texas

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

75160-4411

**e. Organizational Unit:**

**Department Name:**

HHS Dept of Head Start

**Division Name:**

HHS Dept of Head Start

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:**

Dr.

**\* First Name:**

Larry

**Middle Name:**

**\* Last Name:**

Polk

**Suffix:**

**Title:**

Executive Director of Head Start

**Organizational Affiliation:**

Terrell ISD

**\* Telephone Number:**

(972) 563-7504

**Fax Number:**

**\* Email:**

larry.polk@terrellisd.org

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

Independent School District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

ACF-Head Start

### 11. Catalog of Federal Domestic Assistance Number:

93.600

CFDA Title:

Head Start

### \* 12. Funding Opportunity Number:

eGrants-N/A

\* Title:

N/A

### 13. Competition Identification Number:

Not Applicable

Title:

Not Applicable

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

Terrell Independent School District within

### \* 15. Descriptive Title of Applicant's Project:

Head Start Full Day Center One-Time Request

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant

TX-005

b. Program/Project

TX-005

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\* a. Start Date:

04/01/2020

\* b. End Date:

03/31/2021

**18. Estimated Funding (\$):**

\* a. Federal

75,596

\* b. Applicant

18,999

\* c. State

\* d. Local

\* e. Other

0

\* f. Program Income

\* g. TOTAL

94,595

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☐ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:

Mrs

\* First Name:

Dena

Middle Name:

\* Last Name:

Risinger

Suffix:

\* Title:

Board President

\* Telephone Number:

(972) 563-7504

Fax Number:

(972) 563-1406

\* Email:

dena.risinger@terrellisd.org

\* Signature of Authorized Representative:

\* Date Signed: