



# MEMORANDUM

**To:** Board of Trustees  
**From:** Rosy Vega-Barrio, Superintendent  
**Subject:** Sul Ross State University GEAR UP MOU  
**Date:** January 14, 2026

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## **HISTORY:**

Sul Ross State University invited Tornillo ISD to join their GEAR UP grant project. SRSU has been running GEAR UP programs in West Texas for many years and wants to support our middle and high school students with college readiness activities.

## **RATIONALE:**

The GEAR UP partnership aligns with Tornillo ISD's ongoing efforts to increase college and career readiness, improve access to postsecondary resources, and provide students and families with targeted academic and financial aid support.

## **BUDGET IMPACT:**

The GEAR UP project is funded through a federal grant administered by SRSU. No direct financial expenditure by Tornillo ISD is required at this time.

## **ADMINISTRATIVE RECOMMENDATION:**

Administration is recommending the Board of Trustees approve the MOU with SRSU, as presented.



### Memorandum of Understanding

This Memorandum of Understanding is between Sul Ross State University (SRSU) and the Tornillo Independent School District regarding the SRSU implementation of a U.S. Department of Education (ED)-funded Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP) grant project.

Whereas the Tornillo ISD is seeking an institution of higher education to administer a successful college preparatory program in its middle and high schools;

Whereas SRSU has a 20-year history of successfully administering a GEAR UP program to school districts in West Texas;

Whereas the successful implementation of the GEAR UP program will benefit both SRSU and Tornillo ISD by assisting in the college preparation of students; and

Whereas the successful implementation of the GEAR UP program will increase the number of Tornillo ISD students who attend an institution of higher education, including SRSU, and will track the GEAR UP cohort of students through its first year of college.

Be it resolved that SRSU and the Tornillo ISD work collaboratively on the implementation of the GEAR UP project, including the sharing of all relevant data and documentation and all administrative and programmatic elements necessary for the successful completion of the funded project.

Be it further resolved that all confidential and sensitive documentation and data will be handled per all applicable FERPA regulations.

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Rosa Vega-Barrio

Date

Superintendent, Tornillo Independent School District

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Dr. Eric T. Funasaki

Date

Dean of Research & Sponsored Programs

**PARTNER IDENTIFICATION FORM AND COST SHARE WORKSHEET**

**Please complete one form for each partner (other than the Applicant Organization).**

**1. Institution/Organization** \_\_\_\_\_

**Point of Contact:** Name \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ e-mail \_\_\_\_\_ Fax \_\_\_\_\_

## 2. Type of Organization

Are you a Local Educational Agency (LEA)?

Yes        No

Are you an Institution of Higher Education (IHE)?

Yes        No

## Other types:

## Business

Community-based organization

## Professional association

Philanthropic Organization

State Agency

Type of IHE:

Four-Year  Two-Year

Public      Private

Other: \_\_\_\_\_

College  University

HBCU  HSI  TCCU  NHSI  ANSI

PR Award No. \_\_\_\_\_

### **3. Non-Federal Fund contribution provided by Partner**

**YEAR 1    YEAR 2    YEAR 3    YEAR 4    YEAR 5    YEAR 6    YEAR 7    TOTAL**

1. Salaries and Wages
  2. Employee Benefits
  3. Travel
  4. Materials and Supplies
  5. Consultants and Contracts
  6. Other

**A. Total Direct Costs**  
*(Sum of lines 1-6)*

**B. Total Indirect Costs:**  
*(Cannot be greater than 8% of Total Direct Costs)*

**C. Equipment**

**D. Scholarships/Tuition Assistance**

**E. TOTAL COMMITMENT**  
*(Lines A+B+C+D)*

Please summarize the partner's specific support and commitment to the project in this space.

**SIGNATURE OF AUTHORIZING OFFICIAL:**

NAME OF AUTHORIZING OFFICIAL: \_\_\_\_\_

**TITLE OF AUTHORIZING OFFICIAL:** \_\_\_\_\_