



# UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

**TOPIC:** Approval of the Ed-Flex Schoolwide Eligibility Waiver for 2016-17

**SUBMITTED BY:** Alicia G. Carrillo, Ph.D., Executive Director **OF:** Federal & State Programs

**APPROVED FOR TRANSMITTAL TO SCHOOL BOARD:** \_\_\_\_\_

**DATE ASSIGNED FOR BOARD CONSIDERATION:** July 20, 2016

## **RECOMMENDATION:**

**Administration recommends approval of the Ed-Flex Schoolwide Eligibility Waiver for Col. Santos Benavides Elementary School for the 2016-17 school year.**

## **RATIONALE:**

**Approving this waiver will enable Col. Santos to implement a school-wide program regardless of the percentage of students from low-income families.**

## **BUDGETARY INFORMATION:**

## **BOARD POLICY REFERENCE AND COMPLIANCE:**

**Threshold for Eligibility to Implement Title I, Part A Schoolwide Programs [P.L. 107-110, Section 1114(a)(1)]**

**Division of Federal and State Education Policy**  
**Initial Application for Ed-Flex Schoolwide Eligibility Waiver**  
**School Year 2016-2017**

Co-Dist No. \_\_\_\_\_

IF SSA member, add LEA Name and Co-Dist No. \_\_\_\_\_

<b>Waiver Number:</b> _____ [Assigned by TEA]
--

Page 1 of 2

**Supplement to SAS # NCLBAA17—Schedule WV4004—Ed-Flex—Title I, Part A Schoolwide Eligibility**

**Instructions:** This waiver may **ONLY** be initiated through the **ORIGINAL** NCLB Consolidated Application for Federal Funding in eGrants. This supplemental form is to submit the additional information and the required signatures to complete the campus's request for a waiver of the 40 percent campus poverty threshold requirement for Title I, Part A Schoolwide eligibility. This waiver is only available if the campus has completed its required Schoolwide planning and the campus did **NOT** participate in a Schoolwide program in 2015-2016. The LEA must complete a separate Supplement to WV4004 Form for each campus requesting this waiver.

**DO NOT SUBMIT** this form until requested to do so by the TEA staff person who is negotiating the LEA's NCLB Consolidated Application for Federal Funding in eGrants (SAS # NCLBAA17).

**Name of Campus** Col. Santos Benavides Elementary School **Campus Number:** 240903-122

**Part 1: Waiver History**

A. How many months did the campus spend planning and aligning the ten components of the Title I, Part A Schoolwide program with the Campus Improvement Plan?

6  
Number of Months

B. On what date was the Schoolwide Planning completed? (This date must be prior to the stamp-in date of the original application.)

06-09-2016  
Month/Day/Year

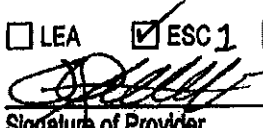
C. Certification

I certify that this campus has completed its Schoolwide campus planning and that the ten components have been clearly incorporated in a meaningful way into the Campus Improvement Plan.

Typed Name of Technical Assistance Provider

Ruben Degollado

LEA    ESC 1    Other \_\_\_\_\_

  
Signature of Provider

Date 6/22/16

This waiver is granted upon the approval of this SAS for as long as the campus remains Title I, Part A eligible. Should the campus reach the 40 percent poverty threshold, the campus will no longer be considered an Ed-Flex Schoolwide campus for reporting purposes.

IF SSA member, add LEA Name and Co-Dist No. \_\_\_\_\_

**Part 2: Public Comment**

The following strategies were used by the LEA to publicize the request for this waiver and to receive comments.

- Newspaper
- LEA/Campus Newsletters
- LEA/Campus Website
- School Board Meeting
- Other (Specify) DEIC Meeting

**Part 3: Local Approval**

Explain why the Campus Site-Based Decision-Making (SBDM) Committee supports this waiver:

Our campus SBDM committee supports this waiver because the funds available through Title I will be used to help all students school-wide as opposed to being targeted to only a few students. The funds will supplement and enhance available programs for all students. This will strengthen all sub-groups such as economically disadvantaged, LEP and special education students.

**Part 4: Certification**

The signatures below certify that the required Schoolwide planning process has been completed prior to the submission of this waiver application. In addition, the undersigned clearly understand and agree that if the evaluation criteria as stated in the instruction document are not met, the waiver will be terminated, and the campus will be ineligible to reapply for this waiver under the state's current Ed-Flex authority.

Signature of Teacher on Campus SBDM Committee: [Signature] Date Signed: 6-20-16  
 Signature of Parent on Campus SBDM Committee: [Signature] Date Signed: 6-20-16  
 Signature of Chairperson of Campus SBDM Committee: [Signature] Date Signed: 6-20-16  
 Signature of Campus Principal: [Signature] Date Signed: 6-20-16  
 Signature of Superintendent: [Signature] Date Signed: 8-13-16

Date of Approval by LEA Board of Trustees: \_\_\_\_\_