



Business and Finance Symposium
July 30, 2024
Federal Program and SCE

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Revised 10/2/2024



DONNA ISD'S STRATEGIC PLAN

DISD GRADUATES ALL STUDENTS READY FOR COLLEGE, CAREER, OR THE MILITARY

MISSION

The mission of Donna ISD is to provide a rigorous and supportive learning environment with meaningful and relevant learning experiences that inspire creativity, character development, and critical thinking that ensures educational excellence for all students.

VISION

The vision of Donna ISD is to be a bold district at the forefront of educating all students to be passionate, motivated leaders who will be a powerful force for positive change in our community, state and nation.



ALL DONNA ISD GRADUATES...

-  EMBODY A STRONG WORK ETHIC
-  MASTER CRITICAL THINKING SKILLS
-  EXHIBIT RESILIENCE
-  COMMUNICATE EFFECTIVELY
-  DISPLAY AMBITION
-  DEMONSTRATE SOCIAL AND EMOTIONAL SKILLS

Purpose

- Help administrators understand the different types of State & Federal entitlements and its intended purpose and goals.
- Review required documentation needed when using State/Federal funds.



Title I Part A – ESSA Fund 211

Title I, Part A is a federal entitlement.

The purpose of Title I Part A of ESSA is to provide all children significant opportunity to receive a fair, equitable, and high-quality education, and to close educational achievement gaps between children meeting the challenging State academic standards and those children who are not meeting such standards.

Allowable cost such as:

- Supplies/materials and equipment that will help all students meet state academic standards.
- Tutorials- Core Content Area.
- Family Engagement services to assist parents in helping their child at home.
- Professional development for teachers in the core content areas.
- STAAR test workbooks and manipulatives.
- Online instructional services.
- Small equipment for student and teacher use such as iPads, laptops, projectors.



State Compensatory Education (SCE) Fund 164

SCE is a State Mandated Program.

SCE funding is derived by the identification of at-risk students (PEIMS).

Student eligibility is based on TEA's – SCE 15 qualifying criteria for identification.

SCE Funds may only supplement the regular educational program for identified at-risk students.

Allowable costs:

- Tutoring
- Class size reduction
- State assessment remediation
- Accelerated instruction
- Individualized instruction
- Extension of the instructional school day, week or year
- Small group instruction

Prior to Encumbering State or Federal Funds



Comprehensive Needs Assessment (CNA)



Campus Improvement Plan (CIP)



Are costs reasonable and necessary to carry out the grant project



Funds must be used to supplement (*increase the level of services*) and not supplant (*replace*) funds from non-federal sources

CIP/DIP

Each DIP and CIP should contain SMART goals:

- S**pecific,
- M**easurable,
- A**ttainable,
- R**elevant (oriented toward achieving the stated goals of the program) and
- T**ime-bound

Plans must present a true reflection of the district/campus needs and expectations.

- Total amount of funds allocated.
- Actual dollar amounts for activities.

Sample of CIP/DIP Attachment

Do **NOT** upload the entire CIP. Only the page with Goal, performance objective, strategy, and funding source being used for the purchase.

Goal 1: Focus On Student Success						
Performance Objective 1: 1.1 Create and promote engaging learning opportunities that focus on student needs and high-risk populations so that we meet the following goals by August of 2023:						
*3rd grade students that meet or exceed grade level proficiency on STAAR Math will increase from 15% to 25%						
*3rd grade students that meet or exceed grade level proficiency on STAAR Reading will increase from 17% to 24%						
*The percentage of graduates demonstrating college/career/military readiness (CCMR) will increase from 64% to 67%						
HB3 Goal						
Evaluation Data Sources: Instructional pulse checks, administration walkthroughs, state/local assessments						
Strategy 1 Details			Reviews			
Strategy 1: Maximize instructional time to ensure that teachers complete a daily lesson cycle, which includes: a direct teach, guided practice, and an independent/applied practice (check for understanding). Strategy's Expected Result/Impact: To ensure that instructional time is safeguarded, 100% of instructional programs, resources, and partnerships will be evaluated using a Comprehensive Academic Program Evaluation Rubric by June 2022. Based on the findings, programs will be prioritized, modified, or discontinued. The percent of teachers completing a lesson cycle each day will increase from ___% to 100% by September 30, 2022. Staff Responsible for Monitoring: District leadership, district directors and campus administration Results Driven Accountability Funding Sources: Curriculum Resource Review (CR2): Teacher teams across contents and grade levels will meet once per six weeks on a Saturday to review curriculum resources and recommend adjustments and refinements. - Title II Teacher/Principal (255) - \$117,544, Summer Curriculum Updates: Content strategists will work on updating curriculum documents based on 23-24 calendar and district initiatives. - Title I (211) - 211.13.6118.00.933.24.0.CW - \$56,140, Locally Funded Instructional Programs: Istation (\$195,762.60), Edusmart (\$30,400), DBQ Online (\$3,000), STEMscopes (\$30,700), Quest (\$300) - Local (199) - 199.11.6399.XX.XXX.XX.X.XX - \$260,312.60, Federally Funded Instructional Software Programs: Imagine Math - Title I (211) - \$141,000, ESSER III Funded Instructional Resources: Quizziz (\$32,400), mClass Amplify TRC (\$22,115) - ESSER III (282) - \$54,515, ESSER Funded Professional Development: Amplify mClass Data Review for Leaders Professional Development (\$3,000), mClass Data-Informed Instructional Planning for Teachers (\$52,500) - ESSER III (282) - \$55,500, TNTP Contract - State Bilingual Education Allotment - Bilingual (162) - \$382,206, District Wide (PR) - Title I (211) - \$26,315.38, Frogstreet PreK-3 Curriculum Kits - State Comp.(164) - \$13,800, MyOn - Title I (211) - State Comp.(164) - \$110,000, GT Student Supplies - GT (168) - 168.11.6399.00.903.21.0.00 - \$5,300, Student Tuition Non-Public Schools: DHS -			Formative			Summative
			Sept	Dec	Mar	June
			65%	75%		
<small>Donna Independent School District Generated by Plan4Learning.com</small>						
<small>13 of 60</small>						
<small>District #1089 July 20, 2023 8:52 A</small>						

Periodic Compliance

- Statement that employee worked solely **100%** on activities related to a single cost object.
- Staff funded through 164, 211, & 289 (Federal Programs)
- Staff funded through 162 & 263 (Bilingual Dept. Mr. Arellano)
- Staff funded through 212 (Migrant Mr. Rana)
- Reporting period (*end of each semester or employee last working day*)
- **Requirements:**
 - Employer name, employee name, employee position, description of federal program/single cost objective.
 - If job assignment does not match, reach out to HR.
 - Signed and dated by the employee and supervisor with first-hand knowledge of work performed.
 - Last date of employment must match Job description signature date
 - On certification, the signature dates cannot be before the last date of employment
 - Must be uploaded to Title 1 Crate by deadline for Auditing Purposes
 - 1st Certification – Uploaded to CRATE **3 weeks after** the end of the fall semester – **due January**
 - 2nd Certification – Uploaded to CRATE **1 week after** the end of the spring semester – **due June**



Campus/Department: _____

Funding Source: _____

DONNA INDEPENDENT SCHOOL DISTRICT

COMPLIANCE WITH PERIODIC CERTIFICATION REQUIREMENTS

First Semester 2024-2025

I, _____

_____ hereby certify that for the period of _____ through _____

(1st day employed in Position - Month/Day/Year) (Last day of employment in Position below Month/Day/Year)

I worked solely as a/an _____ and performed activities and work directly pertaining there to as described on the job description.


Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

1. Sign Job Description and keep a copy of job description for your records.
2. Sign this form and keep a copy for your records.
3. **Originals** are to be uploaded to **Title 1 Crate**:

Personnel Assignment Change Form

- First, send form to Human Resources
- Once approved by HR, form will be sent to Federal Programs for funding verification and approval.
- You must receive confirmation of approval **PRIOR TO MOVING PERSONNEL!**
- Once approval is received change will reflect on TEAMS.



DONNA
INDEPENDENT SCHOOL DISTRICT

PERSONNEL ASSIGNMENT CHANGE FORM

Administrator Requesting Change: _____

Employee _____ ID#: _____ PCN: _____

Current Information:

Campus/Dept.: _____ Position: _____

Funding Acct.: _____

Area(s) of certification, as applicable: _____

Supervising Administrator(s) _____

Reassignment Information:

Campus/Department _____ Position _____

Position Requirements: _____

Replacement for: _____ ID# _____ PCN: _____

Reason for Replacement: _____

Funding Acct. #: _____ Effective Date: _____

Supervising Administrator(s): _____

**** NOTE: Job Description must be signed and attached if there is a change in funding and/or position.**

Acknowledgment of Notification by Employee: _____ Date: _____

Program Director Signature _____ Date _____ Federal Programs Special Education Bilingual Program

Program Director Signature _____ Date _____ Federal Programs Special Education Bilingual Program

FOR HUMAN RESOURCES OFFICE USE ONLY: if assignment change requires a change of funding, dept director signatures must be obtained first prior to submission to the HR office.

Signature of Human Resources Designee: _____ Date: _____

Job Description(if needed) TEAMS Employment Maintenance Screen Revised 12/3/19

--- ONLY ORIGINAL FORMS WILL BE ACCEPTED AT HUMAN RESOURCES TO AVOID DUPLICATES ---

Technology-Related Expenditures

Title I, Part A funds may be used for technology related items if:

- In Comprehensive Needs Assessment

- In Campus Improvement Plan

- It's Supplemental

What campus procedures are in place to keep track of these items? Ensure you have **room number** and **teacher name** of where the equipment will be housed at all times

- Campus must maintain proper/specific inventory (fixed assets)

- Cannot dispose of equipment without prior approval from TEA

- Can only purchase for core teachers (PE, Music or office staff are not allowed).

All orders should be submitted by January 2025, NO orders will be accepted after.



CAMPUS: _____ SUBJECT: Tutored _____ Drop-Down SUBMITTED Date: _____

GRADE: _____ Program Initialed: _____ Donna Independent School District 2024-2025 District Calendar Gap Components: Populations

Donna I.S.D. Tutor Agreement Form

Name of Tutor: _____

Tutor's Email Address (required): _____

Tutor's Telephone Number (required): _____

August 2024

Su	Mo	Tu	We	Th	Fr
4	5	6	7	8	9
11	12	13	14	15	16
18	19	20	21	22	23
25	26	27	28	29	30

December 2024

Su	Mo	Tu	We	Th	Fr
1	2	3	4	5	6
8	9	10	11	12	13
15	16	17	18	19	20
22	23	24	25	26	27
29	30	31			

April 2025

Su	Mo	Tu	We	Th	Fr
6	7	8	9	10	11
13	14	15	16	17	18
20	21	22	23	24	25
27	28	29	30		

Hours: 7:45am to campus principal.

Parking: Tutors are reserved parking.

Dress Code: All attire that is appropriate.

Guests: Tutors may bring children, students.

Sign In/Sign Out: when session is over the session. Tutor

Access to Inform: access to a student information may see in the code.

Usage of copiers,

Mobile phones: students.

Relationship to D: to students. They relationship with

Criminal Background: the Human Resources. The cost of the

Six Weeks Periods

SW1	Aug 12 - Sept 19
SW2	Sept 23 - Nov 1
SW3	Nov 4 - Dec 19
SW4	Jan 7 - Feb 14
SW5	Feb 17 - Apr 11
SW6	Apr 14 - May 23

Days of Instruction

81,420	ES Instructional Min.
79,650	MS Instructional Min.
86,730	HS Instructional Min.

Semester 1: 87 days
Semester 2: 90 days
Total Days: 177 days

Donna Independent School District
Human Resources Department
Personnel Recommendation Form

I recommend _____ App. or Emp. # _____ for the position of _____ at _____ Campus/Dept. Account No. _____

Campus Administrator/Non-Teaching Professional Campus/Central Office Para-Professional/Auxiliary
 Central Office Administrator/ Non-Teaching Professional Teaching Professional

This is an approved new position replacement for _____ (Name Required) ID# _____ PCN _____

Currently Employed At: _____ Position _____ # of years in Teaching _____ # of years in the District _____

There were _____ total applications I reviewed.

The following people were interviewed on (date): _____

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

The following individuals served on the interview committee, print name and sign: See Attachment

1. _____ 3. _____
2. _____ 4. _____

Print Administrator's Name _____ Administrator's Signature _____ Title _____ Date _____

Human Resources Department Only

CCH Verification Approved Disapproved Failure to Disclose _____ Administrator's Signature _____ Date _____

Pre-Employment Drug and Alcohol Testing Clearance _____ yes or no _____ Administrator's Signature _____ Date _____

Certification Status			
State Certificate	1 year Certificate	Exam Passed	Other
<input type="checkbox"/> Standard	<input type="checkbox"/> Out of State	<input type="checkbox"/> TEXES	
<input type="checkbox"/> Provisional/Professional	<input type="checkbox"/> Out of Country	<input type="checkbox"/> EXCET	
<input type="checkbox"/> ACP-Intern			
<input type="checkbox"/> ACP-Probationary			

Salary & Contract Information

Current Employee Returning Employee _____ Position Held _____ New Employee

Starting Date: _____ Term Contract Probationary Contract Letter of Reasonable Assurance

No. of Days: _____ Daily Rate: _____ Salary \$ _____ No. of Years of Relevant Work Experience _____

Placed at Minimum or _____ % of Mid-Point _____ Superintendent's Initials _____

Recommended for Board Approval: _____ Date _____ Approved _____ Denied _____ Date _____

Tutorial Services – Retired Teacher & College students with 48+ earned college hours

Required Forms:

- High-Impact Tutorial Proposal
- School Calendar indicating the days that they will be tutoring.
- List of students/roster
- “Tutor Agreement Form”** verify with Human Resources (HR) that correct account is being used!
- HR Personnel Recommendation Form
- CIP/DIP with funding source amounts & referencing the tutorial program

This form **MUST** be typed!

Federal Programs

Revised : 12/15/2021

CAMPUS	SUBJECT Tutored	Drop-Down	SUBMITTED Date: _____
GRADE	PROGRAM	Drop-Down	

Program Initiative

*Example :
Addressing Learning
Loss through High-
Impact Tutorials*



- the Gap Components:
Focus Populations
- Identifiers
 - Economic
 - Chronically Disadvantaged
 - Gifted/Bilingual (EL)
 - SpEd
 - Academic Achievement

Staff Development DISD Convocation Work Day (Teacher Driven / No Meetings) Planning/No School (Team Planning / No PD)

Holiday STAAR Testing Bad Weather Day New Teacher Orientation [] End of Six Weeks

8:00 AM - 3:40 PM
Elementary School

August 2024

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

December 2024

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
31						

April 2025

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Six Weeks Periods

SW1	Aug 12 - Sept 19	29
SW2	Sept 23 - Nov 1	29
SW3	Nov 4 - Dec 19	29
SW4	Jan 7 - Feb 14	28
SW5	Feb 17 - Apr 11	34
SW6	Apr 14 - May 23	28

Days of Instruction

81,420 ES Instructional Minutes
79,650 HS Instructional Minutes
86,730 HS Instructional Minutes
Semester 1 87 days
Semester 2 90 days
Total Days 177 days

**Donna Independent School District
Extra-Duty Employment Agreement for Title I
& SCE Funded Programs
2024-2025**

Revised: July 2024

CAMPUS: _____

I, _____, hereby certify that, for the period consisting of _____, 20__ through _____, 20__, I agree to work for Donna ISD outside my contract hours (i.e., after hours or on Saturdays) to perform supplemental activities directly pertaining to the duties selected and described below in specific core academic subjects (*reading, writing, math, science, social studies*). This is an extension of my work agreement with Donna ISD, and I will follow all rules and regulations that are expected of me as part of my regular duties. I agree to provide a time-sheet and other documentation materials as required.

Tutoring (before or after-school, weekends):
Tutor students individually or in-groups as determined by the academic needs of the student.

- (PK-2nd grade require and attendance form)
- (3rd grade and higher require Tutoring Sign with students actual signature)

Employee Signature: _____ Date: _____

Tutorial Services – Current DISD Teachers

Required forms:

- High-Impact Tutorial Proposal
- School Calendar indicating the days that they will be tutoring.
- List of students/roster
- “Extra-Duty Employment Agreement Form”
- List of Tutors/Substitutes
- CIP/DIP with funding source amounts & referencing the tutorial program



DONNA INDEPENDENT SCHOOL DISTRICT

116 North 10th Street
Donna, Texas 78537

Request for Contracted Services

Revised: 01/23/2017

Campus/Dept.: _____ Date(s) of Service: _____

Name of Consultant Company: _____

Name of Owner: _____

Name of Presenter(s): _____

Physical Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Phone Number(s): Business: _____ Cell Phone: _____

Name of Project or Activity	Location for Training	No. of Days	Daily Rate	Total
				\$ -
				\$ -
				\$ -

BRIEF DESCRIPTION OF SERVICE TO BE RENDERED:

(Note: Consultants engaged for more than two (2) days are required to submit a formal written report.)

COMPLETE SECTION BELOW, ONLY IF REQUEST FOR CONTRACT SERVICES IS CURRICULUM RELATED.

1. What content area (TEKS) will be addressed?

2. Indicate in a quantitative method how use of this consultant will increase academic outcomes.

(Example 1: Science scores for all students will increase from 65% passing state assessment to 85% passing rate. Example 2: Number of students graduating college ready in ELA will increase from 15% to 50% for this school year.)

3. What follow-up measures will be in place after staff/teachers received this service?

Improvement Plan and identify specific areas that correlate to

Is this presentation/service scientifically based researched (SBR)?

Complete phone number.

Item Code(s)	Amount

Claimed and attachments are true, correct, and complete to the best of your knowledge. Payment for the amount claimed has not been received. (Signatures must be in blue ink for signatures.)

Payments will NOT be provided until you have received a Purchase Order without a Purchase Order will NOT be paid.

Date

(Signature in blue ink for signatures!) _____
Date

_____ Federal and SCE Director (Only if Federal & SCE Funds are used)	_____ Date	<table border="1"> <tr><th colspan="2">FUNDS AVAILABLE</th></tr> <tr><td>YES</td><td>NO</td></tr> <tr><td> </td><td> </td></tr> </table>	FUNDS AVAILABLE		YES	NO		
FUNDS AVAILABLE								
YES	NO							
_____ Superintendent or Designee	_____ Date	<table border="1"> <tr><th colspan="2">APPROVAL</th></tr> <tr><td>YES</td><td>NO</td></tr> <tr><td> </td><td> </td></tr> </table>	APPROVAL		YES	NO		
APPROVAL								
YES	NO							

Contract Services

- Contract Services form must be **completely** approved before any work is performed.
- Must have signature from Federal Programs, if using federal funds.
- You must bring **originals** to Elva Guerrero in the Federal Programs department.
- Be careful that you are not being charged for hotel, travel, etc.

Required Items/Forms:

- 3 quotes
- Evidenced-based references (new consultant)
- CIP/DIP with funding source amounts & referencing the contract service
- Fingerprinting clearance if working with students

Travel Requests



ALL Travel Requests must be submitted at least 2 weeks prior to travel taking place and originals must be brought to Elva Guerrero in the Federal Department office.



Fund 255 is recommended for professional development.



If using Federal funds to pay for travel, the paperwork MUST be submitted to the Federal Programs Office first! (Funds 164, 211,289 and 255).



Travel using Federal Funds will be on Travel reimbursement form except for registration.



If federal funds are used for trainings/conferences, certificate of attendance must be attached on the requisition (reimbursement) as well as hotel receipt, and credit card statement.



If training was in district, the Eduphoria transcript showing the training attended with date needs to be submitted within a week.

Travel Request Checklist

- Conference meets intent and purpose of grant being used
- Complete typed travel request form with signatures (green form)
 - Expenditure budget matches account code being used
- Complete & signed travel authorization form
 - Meals match number of days of conference
 - Departure/return dates align with agenda/flight
- Detailed program agenda/Itinerary
- Hotel reservation
 - Hotel meets GSA guidelines
- MapQuest if traveling in personal vehicle
- Vehicle rental/Flight confirmation and 3 quotes (if applicable)
- Registration confirmation
- CIP/DIP with activity name, fund source and actual amount
- Complete employee travel reimbursement form

Donna Independent School District
Federal Programs Travel Request Form

Reference: 10/24/2023

Inland
 Out-of-State
 Out-of-Country
 Virtual

Traveler (Full Name & Role) _____
Campus _____
Conference / In Service _____
Established _____
How will information be _____
Fees _____
Hotel Code _____
Meal Expense _____
Trans. Expense _____

Traveler Information
 Name: _____
 Campus/Dept: _____

Account/Funding Code:

Fund	Function	Object	Sub-Obj	Org	Prog Intent
XXX	XX	XXXX	XX	XXX	XX

Trip Information
 Travel Dates/Times: Leave Date: _____ Time: _____
 Return Date: _____ Time: _____
 Destination (City/State): _____ Purpose of Travel: _____

Meals: (Only meals that were not included in the registration fee are allowed)

Dates	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Allowable per diem \$59.00	Reimbursable Meal Amounts
Breakfast Meals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Breakfast: \$15.00	\$0.00
Lunch Meal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Lunch: \$17.00	\$0.00
Dinner Meals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Dinner: \$27.00	\$0.00
Total Meal Reimbursement									\$0.00

Mileage Allowance - (Only if traveled in personal vehicle and were not prepaid)
 Total miles traveled To and From Destination: _____ Mileage Amount \$ _____

Other Expenses - (Receipts must be attached to this form) *Only enter expense(s) that were not prepaid.*

Hotel (Do not include State taxes)	\$ -
Registration Fee (if not prepaid)	\$ -
AirFare (if not pre-paid)	\$ -
Car Rental (if not pre-paid)	\$ -
Other Charges	\$ -
TOTAL TRAVEL REIMBURSEMENT:	\$0.00

Other Explanation: _____

Taxi Baggage
 Parking Supplies
 Internet Other

I certify that I have read and accept the terms and conditions of the Donna Independent School District Travel Request Form. I understand that the expenses for which reimbursement is requested have been fully incurred by me in connection with a previously approved travel request. These expenditures are made in connection with DISD business and to my knowledge have not previously been submitted for payment. I have read and accept responsibility for compliance with the Donna ISD Travel Guidelines.

Employee's Signature: _____ Date: _____
 Departmental Approval: _____
 Principal/Director: _____ Date: _____

Revised: 04-09-2024

