

APPLICATION PREVIEW – FOR REFERENCE ONLY

This PDF is provided for preview purposes only to help applicants review the required questions and prepare the information needed to complete the grant application.

This PDF is not an official application and cannot be used to apply for grant funding. All applications must be completed and submitted through the official online application available on the Texas SPED Support website. Applications submitted by email or through any other method will not be accepted.

2026–2027 Empowering Early Childhood Special Education (ECSE) Educators to Improve Student Outcomes Grant

Introduction

Please review the [2026–2027 Empowering ECSE Educators to Improve Student Outcomes Grant Frequently Asked Questions \(FAQ\)](#) and the [grant overview page](#) before completing this application.

The grant provides reimbursement funding for eligible professional development and certification expenses to increase inclusive opportunities and improve outcomes for children with disabilities ages 3–5 who are not yet in kindergarten and are receiving ECSE services. Professional development must focus on behavior management and/or inclusive opportunities.

This is a reimbursement grant. Expenses incurred before the official notification of grant award are not eligible for reimbursement. All grant-funded activities, services, certification requirements, and eligible expenditures must be completed by August 31, 2027.

Section 1. Applicant and Contact Information

Name of staff member completing the application *

Title of staff member completing the application *

Email of staff member completing the application *

example@example.com

Phone number of staff member completing the application *

Please enter a valid phone number.

Name of business office contact *

Title of business office contact *

Email of business office contact *

example@example.com

Phone number of business office contact *

Please enter a valid phone number.

Are you applying as an LEA or an ESC? *

- ☐ LEA
- ☐ LEA that is part of a Special Education Shared Service Arrangement (SSA)
- ☐ Education Service Center (ESC)

LEA Information

LEA name *

Enter the full name of the LEA. Do not use an acronym.

County-District Number (CDN) *

Education Service Center Region *

Please Select

Is your LEA designated as Small for 2026–2027? *

- ☐ Yes
- ☐ No

Is your LEA designated as Rural for 2026–2027? *

☐ No

What is your LEA's current performance level (PL) for the RDA Indicator SPED Regular Early Childhood Program Rate (preschool-aged)? This indicator measures the percent of students ages 3-4 and age 5 not enrolled in kindergarten, served in special education (SPED), who were placed in a regular early childhood program. *

- ☐ PL 0
- ☐ PL 1
- ☐ PL 2
- ☐ PL 3
- ☐ NA/SA

You can find the list of RDA reports [here](#). The PL is located under the far-right column of the SPED Indicator 6 row.

SSA Information

Each LEA participating in an SSA must submit its own application. SSA staff or the fiscal agent may assist member LEAs, but the SSA may not submit an application on the LEA's behalf. Reimbursement will be made to the individual LEA.

Will this LEA participate in professional development coordinated jointly with other SSA member LEAs? *

- ☐ Yes
- ☐ No

If yes, list the other participating LEAs. *

ESC Information

Education Service Center Region Number *

Please Select

County-District Number (CDN) *

Section 2. Funding Request

What type of funding are you requesting? *

- ☐ Professional Development
- ☐ Certification
- ☐ Both Professional Development and Certification

Section 3. Certification Request - LEAs Only

Certification reimbursement is limited to educators who will support children with disabilities ages 3–5 who are not yet in kindergarten. Each educator must complete the required certification and be assigned to serve this population by August 31, 2027.

How many educators are you requesting certification reimbursement for? *

Include only educators who will meet all grant eligibility requirements by August 31, 2027.

Indicate the number of each TExES 391 certification type you will be requesting reimbursement for. *

Indicate the number of each TExES 293 STR certification type you will be requesting reimbursement for. *

Indicate the number of each TEAL/ECOS certification type you will be requesting reimbursement for. *

Total certification amount requested *

The total should equal the eligible certification expenses requested for all educators.

Certification eligibility attestation *

I certify that each educator included in this request will complete the required certification and be assigned to serve children with



Certification expense attestation *

☐ I understand that reimbursement is limited to approved certification expenses and does not include degree programs, tuition, coursework, educator preparation program costs, test-preparation courses, or study sessions.

Section 4. Professional Development Request

Complete one Professional Development Activity entry for each separate vendor/training proposal. Each activity will be reviewed individually. Upload the quote associated with that activity within the same entry.

Professional Development Activity #1

(PD #1) Vendor/provider name *

(PD #1) Professional development title *

(PD #1) Describe the professional development. *

Provide enough detail for reviewers to understand the content, format, and services included.

(PD #1) Explain how this professional development will build staff capacity to increase inclusive opportunities and/or improve outcomes for children with disabilities ages 3–5 who are not yet in kindergarten. *

(PD #1) Which grant focus area(s) does this professional development address? *

☐ Behavior management

☐ Inclusive opportunities

(PD #1) How will the professional development be delivered? *

☐ In person

☐ Live virtual

☐ Recorded webinar

☐ Other

(PD #1) Anticipated timeframe for professional development *

Please provide the anticipated timeframe for completing this professional development. Exact dates are not required at the time of application. Examples may include January 2027, Spring 2027, June–July 2027, or Summer 2027. All grant-funded professional development must be completed by August 31, 2027.

(PD #1) Professional Development Timeline Attestation *

☐ I understand that professional development dates may be finalized after grant award, but all grant-funded activities and services must be completed no later than August 31, 2027.

(PD #1) Who are the anticipated participants in this professional development? *

☐ Special Education Teachers

☐ General Education/Prekindergarten Teachers

☐ Paraprofessionals

☐ Head Start Teacher

☐ Other

(PD #1) Total number of participants anticipated for this professional development activity *

(PD #1) Participant eligibility attestation *

☐ I certify that every individual whose participation is included in this grant-funded professional development serves children with disabilities ages 3–5 who are not yet in kindergarten.

(PD #1) Professional development/service cost *

\$

(PD #1) Does the professional development quote include curriculum, and/or online training modules? *

☐ Yes

☐ No

Resources Included in the Professional Development Quote

(PD #1) Which of the following items are included in the professional development quote? (Select all that apply.) *

- ☐ Materials
- ☐ Curriculum
- ☐ Online training modules

(PD #1) Describe the materials, curriculum, and/or online training modules included in the approved professional development quote. *

(PD#1) Total amount of the professional development quote attributable to these resources *

(PD #1) Explain how these resources are directly tied to the professional development. *

(PD #1) Does the request include online training modules on behavior management, inclusive classroom practices, and evidence-based instructional strategies? *

- ☐ Yes
- ☐ No

(PD #1) If yes, enter the online training modules start date *

Month Day Year

(PD #1) If yes, enter the online training modules end date *

Month	Day	Year

(PD#1) Amount requested for online training modules as part of the professional development *

(PD #1) Online training modules attestation *

☐ I understand that multi-year subscriptions are not allowed. Online training modules funded through this grant must begin and end within the grant period and may not extend beyond August 31, 2027.

(PD #1) Does this proposal include ongoing coaching? *

☐ Yes
☐ No

(PD #1) If yes, describe how the coaching is part of and directly tied to the professional development. *

(PD #1) Amount requested for coaching services as part of the professional development *

(PD #1) Coaching attestation *

☐ I understand that coaching may not be submitted as a standalone expense and must be included as part of and directly tied to the approved professional development quote.

(PD #1) Does this proposal include consultation services? *

☐ Yes
☐ No

(PD #1) If yes, describe how the consultation is part of and directly tied to the professional development. *

(PD #1) Total amount requested for consultation services as part of the professional development *

Include only eligible expenses contained in this proposal.

Do you have another Professional Development Activity to submit? *

- ☐ Yes
- ☐ No

Professional Development Activity #2

(PD #2) Vendor/provider name *

(PD #2) Professional development title *

(PD #2) Describe the professional development. *

Provide enough detail for reviewers to understand the content, format, and services included.

(PD #2) Explain how this professional development will build staff capacity to increase inclusive opportunities and/or improve outcomes for children with disabilities ages 3–5 who are not yet in kindergarten. *

(PD #2) Which grant focus area(s) does this professional development address? *

- ☐ Behavior management
- ☐ Inclusive opportunities

(PD #2) How will the professional development be delivered? *

- ☐ In person
- ☐ Live virtual
- ☐ Recorded webinar
- ☐ Other

(PD #2) Anticipated timeframe for professional development *

Please provide the anticipated timeframe for completing this professional development. Exact dates are not required at the time of application. Examples may include January 2027, Spring 2027, June–July 2027, or Summer 2027. All grant-funded professional development must be completed by August 31, 2027.

(PD #2) Professional Development Timeline Attestation *

☐ I understand that professional development dates may be finalized after grant award, but all grant-funded activities and services must be completed no later than August 31, 2027.

(PD #2) Who are the anticipated participants in this professional development? *

- ☐ Special Education Teachers
- ☐ General Education/Prekindergarten Teachers
- ☐ Paraprofessionals
- ☐ Head Start Teacher
- ☐ Other

(PD #2) Total number of participants anticipated for this professional development activity *

(PD #2) Participant eligibility attestation *

☐ I certify that every individual whose participation is included in this grant-funded professional development serves children with disabilities ages 3–5 who are not yet in kindergarten.

(PD #2) Professional development/service cost *

\$

(PD# 2) Does the professional development quote include curriculum, and/or online training modules? *

- ☐ Yes
☐ No

Resources Included in the Professional Development Quote

(PD #2) Which of the following items are included in the professional development quote? (Select all that apply.) *

- ☐ Materials
☐ Curriculum
☐ Online training modules

(PD #2) Describe the materials, curriculum, and/or online training modules included in the approved professional development quote. *

(PD #2) Total amount of the professional development quote attributable to these resources *

(PD #2) Explain how these resources are directly tied to the professional development. *

(PD# 2) Does the request include online training modules on behavior management, inclusive classroom practices, and evidence-based instructional strategies? *

- ☐ Yes
☐ No

(PD #2) If yes, enter the online training modules start date *

Month	Day	Year

(PD #2) If yes, enter the online training modules end date *

Month	Day	Year

(PD #2) Amount requested for online training module as part of the professional development *

(PD #2) Online Training Module attestation *

☐ I understand that multi-year subscriptions are not allowed. Online training modules funded through this grant must begin and end within the grant period and may not extend beyond August 31, 2027.

(PD# 2) Does this proposal include ongoing coaching? *

☐ Yes
☐ No

(PD #2) If yes, describe how the coaching is part of and directly tied to the professional development. *

(PD #2) Amount requested for coaching services as part of the professional development *

(PD #2) Coaching attestation *

☐ I understand that coaching may not be submitted as a standalone expense and must be included as part of and directly tied to the approved professional development quote.

(PD# 2) Does this proposal include consultation services? *

☐ Yes
☐ No

(PD #2) If yes, describe how the consultation is part of and directly tied to the professional

development. *

(PD #2) Total amount requested for consultation services as part of the professional development *

Include only eligible expenses contained in this proposal.

Do you have another Professional Development Activity to submit? *

- ☐ Yes
☐ No

Professional Development Activity #3

(PD #3) Vendor/provider name *

(PD #3) Professional development title *

(PD #3) Describe the professional development. *

Provide enough detail for reviewers to understand the content, format, and services included.

(PD #3) Explain how this professional development will build staff capacity to increase inclusive opportunities and/or improve outcomes for children with disabilities ages 3–5 who are not yet in kindergarten. *

(PD #3) Which grant focus area(s) does this professional development address? *

- ☐ Behavior management
- ☐ Inclusive opportunities
- ☐

(PD #3) How will the professional development be delivered? *

- ☐ In person
- ☐ Live virtual
- ☐ Recorded webinar
- ☐ Other

(PD #3) Anticipated timeframe for professional development *

Please provide the anticipated timeframe for completing this professional development. Exact dates are not required at the time of application. Examples may include January 2027, Spring 2027, June–July 2027, or Summer 2027. All grant-funded professional development must be completed by August 31, 2027.

(PD #3) Professional Development Timeline Attestation *

☐ I understand that professional development dates may be finalized after grant award, but all grant-funded activities and services must be completed no later than August 31, 2027.

(PD #3) Who are the anticipated participants in this professional development? *

- ☐ Special Education Teachers
- ☐ General Education/Prekindergarten Teachers
- ☐ Paraprofessionals
- ☐ Head Start Teacher
- ☐ Other

(PD #3) Total number of participants anticipated for this professional development activity *

(PD #3) Participant eligibility attestation *

☐ I certify that every individual whose participation is included in this grant-funded professional development serves children with disabilities ages 3–5 who are not yet in kindergarten.

(PD #3) Professional development/service cost *

\$

(PD# 3) Does the professional development quote include curriculum, and/or online training modules? *

- ☐ Yes
☐ No
☐

Resources Included in the Professional Development Quote

(PD #3) Which of the following items are included in the professional development quote? (Select all that apply.) *

- ☐ Materials
☐ Curriculum
☐ Online Training Module
☐

(PD #3) Describe the materials, curriculum, and/or online training modules included in the approved professional development quote. *

(PD #3) Total amount of the professional development quote attributable to these resources *

(PD #3) Explain how these resources are directly tied to the professional development. *

(PD# 3) Does the request include online training modules on behavior management, inclusive classroom practices, and evidence-based instructional strategies? *

- ☐ Yes
☐ No
☐

(PD #3) If yes, enter the online start date *

Month	Day	Year

(PD #3) If yes, enter the online training module end date *

Month	Day	Year

(PD #3) Amount requested for online training module as part of the professional development *

(PD #3) Online training module attestation *

☐ I understand that multi-year subscriptions are not allowed. Online training modules funded through this grant must begin and end within the grant period and may not extend beyond August 31, 2027.

(PD# 3) Does this proposal include ongoing coaching? *

☐ Yes
☐ No
☐

(PD #3) If yes, describe how the coaching is part of and directly tied to the professional development. *

(PD #3) Amount requested for coaching services as part of the professional development *

(PD #3) Coaching attestation *

☐ I understand that coaching may not be submitted as a standalone expense and must be included as part of and directly tied to the approved professional development quote.

(PD# 3) Does this proposal include consultation services? *

☐ Yes
☐ No
☐

(PD #3) If yes, describe how the consultation is part of and directly tied to the professional

development. *

(PD #3) Total amount requested for consultation services as part of the professional development *

include only eligible expenses contained in this proposal.

If you have additional professional development activities, please email empoweringECSE@region10.org.

Section 5. Funding Request Summary

Total amount of all professional development quotes (including materials that are part of the PD quote) *

Final total grant amount requested (PD quotes + certification reimbursement requests) *

Section 6. Applicant Attestations

Each statement below must be acknowledged before the application can be submitted.

*

☐ I attest that the information provided in this application is accurate to the best of my knowledge and that supporting documentation will be maintained by the applying LEA or ESC.

*

☐ I understand that this is a reimbursement grant and that expenses incurred before official notification of grant award are not eligible for reimbursement.

*

☐ I understand that all grant-funded activities, services, certification requirements, and eligible expenditures

must be completed no later than August 31, 2027.

*

☐ I understand that reimbursement requests must include the documentation required by the grant, including a detailed general ledger, vendor invoice(s), and proof of payment.

*

☐ I understand that only expenses associated with approved grant activities are eligible for reimbursement.

*

☐ I understand that every individual whose participation in grant-funded professional development included in this application must serve children with disabilities ages 3–5 who are not yet in kindergarten.

*

☐ I understand that supplies and materials are eligible only when they meet the grant requirements, are directly tied to approved professional development, and are included as part of the approved professional development quote.

*

☐ I understand that coaching may not be submitted as a standalone expense and must be included as part of and directly tied to approved professional development.

*

☐ I understand that multi-year subscriptions are not allowable and that online training modules funded through the grant may not extend beyond August 31, 2027.

*

☐ I understand that the applicant is responsible for following its own local procurement policies and all applicable state and federal requirements when selecting vendors and expending funds.

*

☐ I understand that the amount awarded may be less than the amount requested.

*

☐ I understand that adjustments to an approved proposal must remain within the grant guidelines, stay within the awarded amount, and not substantially alter the nature of the approved proposal. If there is uncertainty about whether a change is allowable, the applicant should contact the Empowering ECSE Grant Team for review before incurring the expense.

*

☐ I understand that all reimbursement requests must be submitted by the final reimbursement deadline of September 17, 2027.

Section 7. Certification and Electronic Signature

Name of authorized person submitting the application *

Title *

Date *

month	day	year

Final certification *

By submitting this application, I certify that I am authorized to submit on behalf of the applying LEA or ESC and agree to comply with the requirements of the Empowering ECSE Educators to Improve Student

☐ Outcomes Grant.

Submit