**Texas Education Agency**

 **Federal Program Compliance Division**

**Supporting Documentation for Schedule WV4004—Ed-Flex Schoolwide Eligibility Waiver**

**Instructions:** This document is intended as Supporting Documentation if the LEA is requesting an Ed-Flex Schoolwide Eligibility waiver through Schedule WV4004 of the current year’s ESSA Consolidated Federal Grant Application. If the LEA is requesting such a waiver, this supplemental form is to be completed and retained locally to document the LEA’s planning and local review and approval process. This completed form should be available upon request by auditors or TEA staff to document 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 as a Schoolwide program in the previous school year. The LEA must complete a separate form for each campus requesting this waiver.

Upon approval of the WV4004 in the current year’s ESSA Consolidated Federal Grant Application, this campus will remain a Title I, Part A Schoolwide campus for as long as the campus retains its basic Title I, Part A eligibility.

If in future years, should the campus reach the 40 percent poverty threshold through other methods**,** the Ed-Flex waiver will lapse, and the campus will no longer be reported as having an Ed-Flex Schoolwide Eligibility waiver.

If the campus falls below 35% poverty or below the LEA average poverty percentage, whichever is lower, and wishes to continue as a Title I, Part A campus, the LEA must apply and be approved for an Ed-Flex Individual Programmatic Waiver in order to waive the Title I eligibility requirement. If the Individual Programmatic Waiver is approved, the LEA may then request a new WV4004 for the campus, and this documentation would need to be revised accordingly.

**DO NOT SUBMIT** this form unless requested to do so by TEA staff. Maintain the form locally as documentation and should be available upon request.

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**School Year:**

**Name of LEA:** **Co-Dist #:**

**Name of Campus:** **Campus Number**:

**If the LEA is a member of a Shared Services Arrangement, provide the Co-Dist # of the Fiscal Agent:**

**Part 1: Waiver History**

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

B. On what date was the campus’s Schoolwide Planning process completed?

C. Certification Statement: I certify that this campus has completed its Schoolwide campus planning, and that the campus has conducted a Comprehensive Needs Assessment (CNA), used the results of the CNA to inform its Campus Improvement Plan (CIP), and has a process in place to evaluate the effectiveness of its Title I, Part A schoolwide program.

Name of Technical Assistance Provider:

[ ]  LEA [ ]  ESC [ ]  Other:

Signature of Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2: Public Comment**

The following strategies were used by the LEA to publicize the request for this waiver and to receive comments. Check all that apply. (Please note that the LEA should make a good-faith effort to provide as broad an opportunity as possible. For example, the LEA should not rely solely on the Internet or social media that may not be accessible to all):

[ ]  Newspaper

[ ]  LEA/Campus Newsletters

[ ]  LEA/Campus Website

[ ]  School Board Meeting

[ ]  Social Media (Specify)

[ ]  Other (Specify)

**Part 3: Local Approval**

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

**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**.

|  |  |  |
| --- | --- | --- |
| **Printed Name** | **Signature** | **Date** |
| **Teacher on Campus SBDM Committee:** |  |  |
| **Parent on Campus SBDM Committee:** |  |  |
| **Chairperson of Campus SBDM Committee:** |  |  |
| **Campus Principal:** |  |  |
| **Superintendent:** |  |  |

**Date of Approval** by LEA Board of Trustees: