

## 2021-2023 Grow Your Own Grant Program, Cycle 4

Competitive Grant Application: Due 11:59 p.m. CT, November 5, 2020

| NOGA ID  |  |                |                                  |               |         | Appl         | cation stamp    | o-in date and time |  |
|--|--|----------------|----------------------------------|---------------|---------|--------------|-----------------|--------------------|--|
| TEA will only accept application documents applications and amendments. Submit grant follows:  | •  |                | •                                | _             |         |              |                 |                    |  |
| Competitive grant applications and amendm  | Competitive grant applications and amendments to competitivegrants@tea.texas.gov |                |                                  |               |         |              |                 |                    |  |
|  |  |                |                                  |               |         |              |                 |                    |  |
|  |  |                |                                  |               |         |              |                 |                    |  |
| Authorizing legislation: G.A.A., Article III,  | Rider 41.  | . 86th T       | exas Legisla                     | ture          |         |              |                 |                    |  |
| Grant period: From 02/01/2021 to 06/30/20  |  |                | re-award co                      |               | ARE N   | NOT perm     | nitted for      | this grant         |  |
| Required attachments: Refer to the progr   |  |                |                                  | L             |         | •            |                 |                    |  |
| Amendment Number   |  |                | <u> </u>                         |               |         | <u> </u>     |                 |                    |  |
| Amendment number (For amendments only  | ; enter N/   | 'A wher        | completing                       | this f        | orm to  | apply for    | grant fui       | nds):              |  |
| 1. Applicant Information   |  |                |                                  |               |         |              |                 |                    |  |
| Name of organization   |  |                |                                  |               |         |              |                 |                    |  |
| Campus name  | CDN  |                | Vendor ID                        |               |         | ESC          | DUN             | S                  |  |
| Address  |  | City           |                                  |               | ZIP     |              | Phone           |                    |  |
| Primary Contact  | ] Email [  |                |                                  |               |         |              | ] Phone         |                    |  |
| Secondary Contact  | ] Email [  |                |                                  |               |         |              | ] Phone         |                    |  |
| 2. Certification and Incorporation   |  |                |                                  |               |         |              |                 |                    |  |
| I understand that this application constitutes an offer and, if accepted by TEA or renegotiated to acceptance, will form a binding agreement. I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the organization named above has authorized me as its representative to obligate this organization in a legally binding contractual agreement. I certify that any ensuing program and activity will be conducted in accordance and compliance with all applicable federal and state laws and regulations.  I further certify my acceptance of the requirements conveyed in the following portions of the grant application, as applicable, and that these documents are incorporated by reference as part of the grant application and Notice of |  |                |                                  |               |         |              |                 |                    |  |
| Grant Award (NOGA):  ☐ Grant application, guidelines, and instru ☐ General Provisions and Assurances ☐ Application-Specific Provisions and Ass   |  | []<br>[]<br>[] | ☐ Debarmer☐ Lobbying (☐ ESSA Pro | Certif        | ication |              |                 |                    |  |
| Authorized Official Name   | Title  | _              | Em                               | nail          |         |              |                 |                    |  |
| Phone Signature  |  |                |                                  |               |         |              | Date            | ,                  |  |
| Grant Writer Name  | Signature  | ;              |                                  |               |         |              | Date            | ,                  |  |
| Grant writer <b>is</b> an employee of the applicant of   | •  |                | Grant writer                     | is <b>not</b> | an em   | ployee of    | <br>:he applica | ant organization.  |  |
| For TEA Use Only: Adjustments on this page have been confirmed wit   | n  | by             | /                                | of            | TEA by  | y phone / fa | ax / email o    | on                 |  |
| RFA/SAS # 701-21-101/277-21  |  |                | Your Own G                       |               |         |              |                 | Page 1 of 11       |  |

| CDN             | Vendor ID       |  | Amendment #   |
|-----------------|-----------------|--|---|
| 8. Shared Ser   | rvices Arra     | ngements                                 |   |
| Shared services | s arrangeme     | nts (SSAs) <b>are</b> pe                 | rmitted for this grant.   |
| agreement de    | scribing fiscal | agent and SSA memb                       | iscal agent of a planned SSA. All participating agencies will enter in a written SSA er responsibilities. All participants understand that the written SSA agreement is ore a NOGA can be issued. |
| . Identify/Ad   |                 |  |   |
| •               | •               | needs, as identifie<br>essing each need. | d in your needs assessment, that these program funds will address.  |
|                 | uantifiable     |  | Plan for Addressing Need  |
|                 | (uantinable     |  | Fian for Addressing Need  |
|                 |                 |  |   |
|                 |                 |  |   |
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| . SMART Goa     | ıl              |  |   |
| Achievable, Re  | elevant, and    |  | ve identified for this program (a goal that is Specific, Measurable, ated to student outcome or consistent with the purpose of the grant.   |
| 6. Measurable   | Progress        |  |   |
| -               | cess and im     | plementation goals                       | e end of the first three grant quarters to measure progress toward s defined for the grant.   |
| For TEA Use Onl | ly:             |  |   |
|                 |                 | heen confirmed with                      | by of TFA by phone / fax / email on   |

| CDN              |                           | Vendor ID                     |                     | Amendment #  |
|------------------|---------------------------|-------------------------------|---------------------|--|
| 8. Me            | easurable                 | e Progress                    | (Cont.)             |  |
| Seco             | ond-Quar                  | ter Benchm                    | ark                 |  |
|                  |                           |                               |                     |  |
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| Thire            | d-Quarter                 | Benchmark                     | k                   |  |
|                  |                           |                               |                     |  |
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| 7. Pr            | oject Eva                 | aluation an                   | nd Modification     |  |
| benc             | hmarks o                  |                               | SMART goals do      | data to determine when and how to modify your program. If your not show progress, describe how you will use evaluation data to |
|                  |                           |                               |                     |  |
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| <u> </u>         |                           | L                             |                     |  |
| ror TI<br>Adjust | EA Use On<br>ments on the | <b>ıy:</b><br>nis page have l | been confirmed with | by of TEA by phone / fax / email on  |

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|--------------------|---|--|--|--|--|--|--|
| 8. S               | tatutory/F  | Program As   | ssurances  |  |  |  |  |
|                    |   | ssurances a ith these ass  |  | nt program. In o   | order to meet the  | e requirements of the g  | rant, the grantee  |
| Che                | ck each of  | the following  | boxes to indica  | ate your compli  | ance.  |  |  |
| si<br>O<br>o<br>si | upplant (reprince)  I local fund ther purpose and | place) state<br>s. The applic<br>ses merely b<br>I activities to | mandates, State<br>cant provides as<br>ecause of the a<br>be funded from | e Board of Edu<br>ssurance that s<br>vailability of the<br>this grant will | cation rules, and<br>tate or local fun<br>ese funds. The a<br>be supplementa | nt (increase the level or<br>d activities previously c<br>ds may not be decreas<br>applicant provides assu<br>ary to existing services<br>loard of Education rules | onducted with state<br>ed or diverted for<br>rance that program<br>and activities and will |
|                    |   |  |  |  |  | ain any information tha<br>ral release to the public   |  |
| <u>A</u>           | LL PATHWA   | YS:  |  |  |  |  |  |
| □                  | . Participar<br>full-time te  | nts and cand<br>eaching role                                     | idates must con<br>as a condition o                                      | nmit with a MC<br>f receiving the  | U to remain in t<br>stipend.   | he LEA for an agreed u   | ipon length of time in   |
|                    | . LEAs mus<br>erformance  |  | hiring/retaining   | candidates up  | on satisfactory o  | completion of the progra   | am and/or job  |
| □ 3<br>T           | . The applic  | cant must su   | ıbmit quarterly r  | eports on prog   | ress towards SN  | MART goals and perfor  | mance measures to  |
| □ 4                | . All grant-f   | unded partic   | cipants/candidat   | es must be ide   | ntified and subr   | nitted to TEA by May 1   | 4, 2021.   |
| □ <sup>5</sup> u   | . The applic<br>nable to co   | cant must file<br>Intinue with t                                 | e budget amend<br>heir degree or d                                       | lments within 3<br>ertification pro  | 0 days of notific<br>gram.   | ation that a participant   | or candidate is  |
| □ 6                | . The applic  | cant must file   | e budget amend   | lments within 7  | days of a reque  | est from TEA.  |  |
| <sup>_</sup> o     | f necessity   |  | ed for an award<br>al data as deter                                      |  |  | ndidates as requested b  | by TEA on the basis  |
| <u> </u>           | ATHWAY 1:   |  |  |  |  |  |  |
| □ lr<br>□ a        | structional   | Practices are both stated  | nd/or Practicum  | courses in the   | Education and  | participating LEA will ir<br>Training course sequer<br>ving the stipend as tead  | nce in 2021-2022,  |
| □a                 | t least one   | dual credit c  | •  | ı 2020-2021 ar   | •  | s degree must be the te<br>it course sections in 20  |  |
|                    |   | •  |  | •  | •  | O that supports the Ed<br>titive event per year ea   | •  |
| □ p<br>P           | articipants<br>rincipals ar   | including Ed<br>nd counselor                                     | lucation and Tra   | ining course to quired to atten  | eachers, campus<br>d the first day. <i>F</i>                                 | nstitute on or around Ju<br>s principals, and college<br>Attendance by grant ma  | e/career counselors.   |
|                    | EA Use On   |  | h  | :41-   | h  | ATTA because 15 1  |  |
| Adjus              | siments on th   | ns page have   | been confirmed w   | ıın  | _ by   | of TEA by phone / fax /  | email on   |

| CDI              | ١                       | Vendor ID                      | )  | Amendment #  |
|------------------|-------------------------|--------------------------------|--|--|
| 8. S             | tatutory                | /Program A                     | ssurances Cor                            | nt'd   |
| P                | ATHWAY 1                | (Cont'd):                      |  |  |
| □ u              | sing a hig              | h-quality Edu                  | ucation and Traini                       | end must pilot the Education and Training curriculum if they are currently ng curriculum. Participants may be asked to participate in focus groups on and Training Curriculum.   |
|                  |                         |                                |  | end must submit two original master lessons within the Education and eview and potential publication, following TEA guidelines for submission.   |
| □ 7              | . All LEA               | high schools                   | must submit their                        | plan for marketing and student recruitment to TEA each year.   |
| Ī                | PATHWAY 2               | <u>2:</u>                      |  |  |
|                  |                         | ust allow read<br>of course re |  | ase time and schedule flexibility to candidates for class attendance and   |
|                  | ccredited<br>f commitn  | -Warned EPI                    | P that will partner<br>will be presented | er of commitment or MOU from an Accredited, Accredited-Not Rated, or with the LEA(s) to award teacher certifications to participants. The letter to TEA for approval after the preliminary selection of grant awardees and |
|                  |                         |                                | ification-only cand<br>EA and EPP.       | didates will be certified by the same partner EPP as a cohort managed  |
| □ <sup>4</sup> v | . Pathway<br>vithin two | / 2(b) candid<br>(2) years and | ates receiving fun<br>d serve as a teach | ding to earn a bachelor's degree and teacher certification must do so<br>er of record in the LEA by the 2023-2024 school year.   |
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| CDN  | Vendor ID  | Amendment #   |
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| Program Re   | quirements   |   |
| should addre<br>of grant fundi<br>strengthen th<br>state, and/or | ss how a high-quality program<br>ng and a demonstrated ability<br>e local educator pipeline and i<br>federal resources. Consider a | row Your Own Program beyond the timeline of grant funding. The plan will be maintained, including clear action steps beginning in the first year to leverage and coordinate resources that increase your capacity to make progress on sustainability. This may include the use of other local, so how the Grow Your Own Program may be integrated into, being LEA or EPP initiatives and/or priorities. |
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| CDN Vendor ID   | Amendment #   |
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| Program Requirements (Cont.)  |   |
| 2. Describe the plan to recruit participants/of and receiving stipends. The plan must incomprocess for identifying individuals with potential achievement, involvement in student organ term in the LEA and/or region, strong evaluation. | candidates who are interested and eligible in participating in the program reporate research based best practices in equitable recruitment and the ntial indicators including a demonstrated track record of success and/or izations and/or school activities, a desire and commitment to teach long ation ratings (if applicable), and strong relationships with students (if ategies to recruit diverse individuals representative of the LEA student |
| For TEA Use Only:   |   |
| Adjustments on this page have been confirmed with   | h by of TEA by phone / fax / email on   |

| CDN              | Vendor ID                     |                     | Amendment #   |
|------------------|-------------------------------|---------------------|---|
| Program Red      | quirements (                  | (Cont.)             |   |
| will participate | e in the programecommendation | m and receive st    | et quality, diverse candidates from the pool of eligible candidates who ipends. Include the use of any interview questions, assessment of sideration of hard-to-staff areas, or other tools using research-based, |
|                  |                               |                     |   |
|                  | ne program, ar                | nd excelling in the | pants and candidates that receive stipends in fulfilling responsibilities, eir role. Name specific supports for potential career pathways, resource   |
|                  |                               |                     |   |
| For TEA Use Or   |                               | een confirmed with  | by of TEA by phone / fax / email on   |

| CD   | N   |          | \       | √endo                 | r ID            |                       |               |                                |      |        |         |        |       |         |         |        |       |         |      |         | Δ     | me    | ndme | nt #[ |      |
|------|-----|----------|---------|-----------------------|-----------------|-----------------------|---------------|--------------------------------|------|--------|---------|--------|-------|---------|---------|--------|-------|---------|------|---------|-------|-------|------|-------|------|
| Pro  | gr  | am R     | Requ    | ireme                 | ents            | (Cor                  | nt'd)         |                                |      |        |         |        |       |         |         |        |       |         |      |         |       |       |      |       |      |
| tim  | e a | as a co  | onditi  |                       | recei           | iving 1               | the st        | rticipar<br>ipend :            |      |        |         |        |       |         |         |        |       |         |      |         | -     |       | -    | _     | า of |
|      |     |          |         |                       |                 |                       |               |                                |      |        |         |        |       |         |         |        |       |         |      |         |       |       |      |       |      |
|      |     |          |         |                       |                 |                       |               |                                |      |        |         |        |       |         |         |        |       |         |      |         |       |       |      |       |      |
|      |     |          |         |                       |                 |                       |               |                                |      |        |         |        |       |         |         |        |       |         |      |         |       |       |      |       |      |
|      |     |          |         |                       |                 |                       |               |                                |      |        |         |        |       |         |         |        |       |         |      |         |       |       |      |       |      |
|      |     |          |         |                       |                 |                       |               |                                |      |        |         |        |       |         |         |        |       |         |      |         |       |       |      |       |      |
|      |     |          |         |                       |                 |                       |               |                                |      |        |         |        |       |         |         |        |       |         |      |         |       |       |      |       |      |
|      |     |          |         |                       |                 |                       |               |                                |      |        |         |        |       |         |         |        |       |         |      |         |       |       |      |       |      |
|      |     |          |         |                       |                 |                       |               |                                |      |        |         |        |       |         |         |        |       |         |      |         |       |       |      |       |      |
| Pat  | hw  | vay S    | Selec   | tion a                | and             | Parti                 | cipa          | tion                           |      |        |         |        |       |         |         |        |       |         |      |         |       |       |      |       |      |
| Path | wa  | ys 1 an  | nd 2 co | oncurre               | ntly. I         | Refer t               | o the 2       | your c<br>2021-20<br>ipants, a | 23 ( | Grow   | v Youi  | r Ow   | n Gra | nt Pr   |         |        |       |         |      |         |       |       |      |       |      |
| PAT  | HW  | AY ON    | NE      |                       |                 |                       |               |                                |      |        |         |        |       |         |         |        |       |         |      |         |       |       |      |       |      |
|      | Che | eck this | s box i | f you a               | re apı          | olying                | for Pa        | thway 1                        |      |        |         |        |       |         |         |        |       |         |      |         |       |       |      |       |      |
|      |     |          |         | nway 1<br>I credit    |                 | achers                | who a         | re teacl                       | ning | ງ Edu  | ıcatio  | n an   | d Tra | ining   | cours   | ses,   |       |         |      | x \$    | 5,500 | = [   |      |       |      |
|      |     | _        |         | nway 1<br>al credi    |                 | achers                | with <i>I</i> | M.Ed. wl                       | าo a | ıre te | eachir  | ng Ed  | ducat | ion a   | nd Tra  | ainin  | g     |         |      | x \$    | 11,00 | 0=[   |      |       |      |
|      | Nu  | mber o   | of high | h schoo               | ols <u>wi</u> t | <u>t<b>h</b></u> exis | ting E        | ducatio                        | n ar | nd Tr  | ainin   | g cou  | ırses | in 20   | 20-20   | )21    |       |         |      | x \$    | 8,000 | = [   |      |       |      |
|      | Nu  | mber o   | of high | h schoo               | ols <u>wi</u> t | thout                 | existin       | ıg Educ                        | atio | n and  | d Trai  | ining  | cour  | rses ir | า 2020  | 0-202  | 21    |         |      | x \$    | 10,00 | 0=[   |      |       |      |
|      | Nu  | mber o   | of high | h schoo               | ols off         | ering <u>(</u>        | dual c        | redit Ec                       | luca | ition  | and 7   | Train  | ing c | ourse   | es in 2 | 2021-  | 202   | 3       |      | x \$    | 10,00 | 0= [  |      |       |      |
|      |     |          |         |                       |                 |                       |               |                                |      |        |         |        |       |         | Tota    | al Req | ques  | t for P | athw | ay 1    |       |       |      |       |      |
| PAT  | HW  | AY TW    | VO      |                       |                 |                       |               |                                |      |        |         |        |       |         |         |        |       |         |      |         |       |       |      |       | _    |
|      | Che | ck this  | box if  | f you ar              | e app           | olying                | for Pat       | hways                          | 1 an | d 2    |         |        |       |         |         |        |       |         |      |         |       |       |      |       |      |
| 1    | lun | nber of  | f Path  | way 2(a               | a) can          | didate                | s purs        | uing a t                       | eacl | her c  | :ertifi | catio  | n onl | ly      |         |        | Х     | \$8,000 | O= [ |         |       |       |      |       |      |
|      |     |          |         | way 2(k<br>ertificati |                 | didate                | s purs        | uing bo                        | th a | ı bac  | :helor  | r's de | gree  |         |         |        | x     | \$19,00 | 00=  |         |       |       |      |       |      |
|      |     |          |         |                       |                 |                       |               |                                |      |        |         |        |       | Т       | otal R  | Reque  | est f | or Patl | าway | s 1 and | d 2   |       |      |       |      |
| For  | TE  | A Use    | Only    | :                     |                 |                       |               |                                |      |        |         |        |       |         |         |        |       |         |      |         |       |       |      |       |      |
|      |     |          |         |                       | have            | been o                | confirn       | ned with                       | ı    |        |         | t      | ру    |         |         | c      | of TI | ΞA by   | phon | e / fax | / em  | ail o | n    |       |      |

| CDN        | Vendor ID  |                        |  | Amendment #   |
|------------|--|------------------------|--|---------------|
| Request    | for Grant Funds  |                        |  |               |
| oudgeted ' | for each activity. Group<br>n, you will be required to | similar activities and | ch you are requesting grant funds. Include<br>d costs together under the appropriate hea<br>ed expenditures on a separate attachment | ding. During  |
| 1.         |  |                        |  |               |
|            |  |                        |  |               |
| 2.         |  |                        |  |               |
| 3.         |  |                        |  |               |
| 4.         |  |                        |  |               |
| 5.         |  |                        |  |               |
| Professio  | nal and Contracted Se                                  | ervices                |  |               |
| 6.         |  |                        |  |               |
| 7.         |  |                        |  |               |
| 3.         |  |                        |  |               |
| 9.         |  |                        |  |               |
| 10.        |  |                        |  |               |
|            | and Materials  |                        |  |               |
| 11.        |  |                        |  |               |
| 12.        |  |                        |  |               |
| 13.        |  |                        |  |               |
| 14.        |  |                        |  |               |
|            | erating Costs  |                        |  |               |
| 15.        |  |                        |  |               |
| 16.        |  |                        |  |               |
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| 17.        | utlav  |                        |  |               |
| Capital O  | инау   |                        |  |               |
|            |  |                        |  |               |
| 19.        |  |                        |  |               |
| 20.        |  |                        |  |               |
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|            |  |                        | Direct and indirect administrative co  |               |
|            |  |                        | TOTAL GRANT AWARD REQUEST  | ED:           |
| or TEA Us  | se Only:   |                        |  |               |
|            |  | onfirmed with          | by of TEA by phone / fax   | / email on    |
| RFA/SAS    | 701-21-101/277-21                                      | 2021-202               | 23 Grow Your Own Grant Program, Cycle 4  | Page 10 of 11 |

| CDIN Vendor ID  | Amend   | ment #  |
|---|---|---|
| Appendix I: Negotiation and Amendme   | nts   |   |
| Leave this section blank when completing th   | e initial application for funding.  |   |
| "When to Amend the Application" document<br>be mailed OR faxed (not both). <b>To fax:</b> one<br>attachments), along with a completed and si<br>copies of all sections pertinent to the amend<br>page 1, to the address on page 1. More deta<br>template. | e program plan or budget is altered for the reasons described it posted on the Administering a Grant page of the TEA websited copy of all sections pertinent to the amendment (including budged page 1, to either (512) 463-9811 or (512) 463-9564. <b>To</b> ment (including budget attachments), along with a completed ailed amendment instructions can be found on the last page of <b>You may duplicate this page.</b> | e and may<br>dget<br><b>mail:</b> three<br>and signed |
|   | ish to amend from the drop down menu on the left. In the text   | box on the  |
| right, describe the changes you are making Always work with the most recent negotiated  | and the reason for them. discounting a revised bude   |   |
| include the budget attachments with your ar   |   |   |
| Section Being Negotiated or Amended   | Negotiated Change or Amendment  |   |
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| For TEA Use Only: Adjustments on this page have been confirmed wit  | h by by of TEA by phone / fax / email on _  | ·   |
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