



FEDERAL DISCRETIONARY GRANTS SECTION  
 MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 PO BOX 480, JEFFERSON CITY, MO 65102-0480  
**DISCRETIONARY GRANTS APPLICATION**  
 Project Dates July 1, 2009 to June 30, 2010

**DIRECTIONS**

Mail the completed form by the **postmark deadline of May 15, 2009** to: *Federal Discretionary Grants*, Missouri Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480. For questions, please contact Federal Discretionary Grants: Phone: (573) 526-3232; Fax: (573) 526-6698 or e-mail to: [webreplyimprfdg@dese.mo.gov](mailto:webreplyimprfdg@dese.mo.gov)

**SECTION I - FOR DESE USE ONLY**

SIGNATURE OF DESE AUTHORIZED REPRESENTATIVE	DATE
---------------------------------------------	------

**SECTION II - TOTAL BUDGETS BY PROGRAM**

PROGRAM: Homeless Children and Youth	6100 Certified Salaries	6150 Non- Certificated Salaries	6200 Employee Benefits	6300 Purchased Services	6400 Materials Supplies	6500 Capital Outlay	6600 Other	TOTAL
1200 Special Programs								
1400 Student Activities								
2100 Support Services-Pupils								
2200 Support Services- Instructional Staff								
2550 Pupil Transportation								
2569 Other Food Services								
3000 Community Services								
<b>Program Costs Subtotal</b>								
Indirect Cost Rate _____%(optional)								
Administrative Costs								
<b>Administrative Costs Subtotal</b>								
<b>Grand Total</b>								

**SECTION III - DISTRICT AND PROGRAM INFORMATION**

DISTRICT/APPLICANT NAME		COUNTY-DISTRICT CODE	
NAME OF THE BOARD-AUTHORIZED REPRESENTATIVE		TITLE OF THE BOARD-AUTHORIZED REPRESENTATIVE	
E-MAIL ADDRESS		TELEPHONE NUMBER	FAX NUMBER
HOMELESS CHILDREN AND YOUTH GRANT CONTACT	E-MAIL ADDRESS		
TELEPHONE NUMBER(S)		FAX NUMBER	
DISTRICT ADDRESS		CITY, STATE	ZIP

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department employment practices may be directed to the Jefferson State Office Building, Human Resources Director, 2<sup>nd</sup> Floor, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-9619. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 5<sup>th</sup> floor, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4212.

**SECTION IV - ASSURANCES AND CERTIFICATION**

The applicant assures the Department of Elementary and Secondary Education (DESE) that it shall:

1. receive and expend the funds in a manner that is consistent with the intent of the approved application;
2. keep such records for a period of three years and provide such information as may be necessary for fiscal and program auditing and for program evaluation, and provide DESE any information that it may need to carry out its responsibilities under the program;
3. adhere to the requirements of applicable federal statutes and regulations, state rules governing the programs, and all other applicable statutes, including Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title VIII of the Education Amendments of 1972; Gun-Free Schools Certification; and Drug-Free Workplace Requirements. The applicant further certifies that people involved in these projects will meet debarment and suspension qualifications described in 34CFR Part 85 and lobbying restrictions described in 34CFR Part 82.

The board-authorized representative fully understands the assurances and the responsibility for compliance placed upon the applicant by the assurances. The applicant will refund directly to DESE the amount of any funds made available to the applicant that may be determined by the Department or, an auditor representing the Department, to have been misspent or otherwise misapplied.

SIGNATURE OF BOARD-AUTHORIZED REPRESENTATIVE

DATE

**SECTION V - INDICATORS OF NEED**

**District Level**

Student Enrollment	_____	<a href="http://dese.mo.gov/schooldata/">http://dese.mo.gov/schooldata/</a>
Free/Reduced Lunch Percentage	_____	<a href="http://dese.mo.gov/schooldata/">http://dese.mo.gov/schooldata/</a>
Dropout Rate	_____	<a href="http://dese.mo.gov/schooldata/">http://dese.mo.gov/schooldata/</a>
MSIP Accreditation	_____	<a href="http://dese.mo.gov/schooldata/">http://dese.mo.gov/schooldata/</a>
Adequate Yearly Progress - Reading	<input type="checkbox"/> Yes <input type="checkbox"/> No	<a href="http://dese.mo.gov/schooldata/">http://dese.mo.gov/schooldata/</a>
Adequate Yearly Progress - Math	<input type="checkbox"/> Yes <input type="checkbox"/> No	<a href="http://dese.mo.gov/schooldata/">http://dese.mo.gov/schooldata/</a>
Homeless Children and Youth Count	_____	District Count/DESE Count

**SECTION VI - DISTRICT GOALS/OBJECTIVES**

<b>District Goal #1</b>	Goal:
	Objective:
	Strategy:

**SECTION VI - DISTRICT GOALS/OBJECTIVES-CONTINUED**

<b>District Goal #2</b>	Goal:
	Objective:
	Strategy:
<b>District Goal #3</b>	Goal:
	Objective:
	Strategy:
<b>District Goal #4</b>	Goal:
	Objective:
	Strategy:

**SECTION VII - HOMELESS CHILDREN AND YOUTH PROGRAM**

**VII - A. PROJECT INFORMATION**

Homeless Children and Youth Residing within the District Census was based on *(check and complete one only)*

Census conducted by the District on a one-day count on \_\_\_\_\_ (date)

OR by the total number served during the school year for the year \_\_\_\_\_

OR Census data from DESE on \_\_\_\_\_ (date)

GRADE/AGE	SHELTERS, TRANSITIONAL HOUSING, & AWAITING FOSTER CARE	DOUBLED-UP	UNSHELTERED	HOTELS/MOTELS	APPROXIMATE NUMBER TO BE SERVED BY PROJECT
PRESCHOOL (ages 3-5)					
ELEMENTARY (K-6)					
MIDDLE/JUNIOR HIGH (7-8)					
HIGH SCHOOL (9-12)					
YOUTH/DROPOUT (ages 19-21)					
TOTAL					

**VII - B. NEEDS ASSESSMENT**

**Who was surveyed regarding the needs of homeless children and youth for the homeless project.**

*(Check all that apply)*

- |                                               |                                                               |                                                   |                                          |
|-----------------------------------------------|---------------------------------------------------------------|---------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PK-8 Teachers        | <input type="checkbox"/> PK-8 Building Administrators         | <input type="checkbox"/> PK-8 Parents             | <input type="checkbox"/> Shelters        |
| <input type="checkbox"/> 9-12 Teachers        | <input type="checkbox"/> 9-12 Building Administrators         | <input type="checkbox"/> 9-12 Parents             | <input type="checkbox"/> Advocacy Groups |
| <input type="checkbox"/> Homeless Students    | <input type="checkbox"/> District-Level School Administrators | <input type="checkbox"/> Business Representatives |                                          |
| <input type="checkbox"/> School Board Members | <input type="checkbox"/> Other _____                          | <input type="checkbox"/> Other _____              |                                          |

**Local input as to the needs of homeless children and youth for homeless project was gathered by the following methods.**

*(Check all that apply)*

- |                                                 |                                                 |                                                   |
|-------------------------------------------------|-------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Interviews             | <input type="checkbox"/> Surveys/Questionnaires | <input type="checkbox"/> Focus Groups/Discussions |
| <input type="checkbox"/> District Data Analysis | <input type="checkbox"/> District Data Reports  | <input type="checkbox"/> Other _____              |

**The following needs for homeless children and youth have been identified:**

*(Check all that apply)*

- |                                                            |                                                     |                                                                              |
|------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> additional academic instruction   | <input type="checkbox"/> preschool programs         | <input type="checkbox"/> homeless coordinator/advocates                      |
| <input type="checkbox"/> age-appropriate social skills     | <input type="checkbox"/> excess transportation cost | <input type="checkbox"/> medical, dental, mental health services             |
| <input type="checkbox"/> parenting education               | <input type="checkbox"/> special education          | <input type="checkbox"/> professional development on homeless issues         |
| <input type="checkbox"/> tutoring/remedial programs        | <input type="checkbox"/> activity fees              | <input type="checkbox"/> counseling for students                             |
| <input type="checkbox"/> free lunch/breakfast              | <input type="checkbox"/> food and clothing          | <input type="checkbox"/> case management for enrollment & community services |
| <input type="checkbox"/> school materials and supplies     | <input type="checkbox"/> emergency shelter          | <input type="checkbox"/> school coordination with local community services   |
| <input type="checkbox"/> posting student rights & services | <input type="checkbox"/> transitional shelter       | <input type="checkbox"/> substance abuse intervention                        |
| <input type="checkbox"/> affordable permanent housing      | <input type="checkbox"/> childcare                  | <input type="checkbox"/> community transportation                            |
| <input type="checkbox"/> job placement services            | <input type="checkbox"/> life skills training       | <input type="checkbox"/> domestic violence/child abuse intervention          |
| <input type="checkbox"/> _____                             | <input type="checkbox"/> _____                      | <input type="checkbox"/> _____                                               |
| <input type="checkbox"/> _____                             | <input type="checkbox"/> _____                      | <input type="checkbox"/> _____                                               |
| <input type="checkbox"/> _____                             | <input type="checkbox"/> _____                      | <input type="checkbox"/> _____                                               |
| <input type="checkbox"/> _____                             | <input type="checkbox"/> _____                      | <input type="checkbox"/> _____                                               |

**VII - C. COORDINATION OF SERVICES**

**The Project will coordinate with the following:  
(Check all that apply)**

- |                                                                   |                                                              |                                                            |
|-------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Title I ( <b>Required</b> )              | <input type="checkbox"/> Title II (Professional Development) | <input type="checkbox"/> Title IV (SDFSC)                  |
| <input type="checkbox"/> Title V (Innovative Programs)            | <input type="checkbox"/> Shelters                            | <input type="checkbox"/> District Funds _____              |
| <input type="checkbox"/> Pupil Transportation                     | <input type="checkbox"/> Parents As Teachers                 | <input type="checkbox"/> Other State Funds _____           |
| <input type="checkbox"/> Medical, Dental, Mental Health Providers | <input type="checkbox"/> Community Agencies                  | <input type="checkbox"/> Division of Family Services (DFS) |
| <input type="checkbox"/> Even Start Family Literacy Program       | <input type="checkbox"/> Department of Health                | <input type="checkbox"/> Department of Mental Health       |
| <input type="checkbox"/> Local Libraries                          | <input type="checkbox"/> Other _____                         | <input type="checkbox"/> Other _____                       |
| <input type="checkbox"/> Other _____                              | <input type="checkbox"/> Other _____                         | <input type="checkbox"/> Other _____                       |
| <input type="checkbox"/> Other _____                              | <input type="checkbox"/> Other _____                         | <input type="checkbox"/> Other _____                       |

DESCRIBE HOW YOUR PROJECT PARTNERS WITH DESE, REGIONAL PROFESSIONAL DEVELOPMENT CENTER (RPDC), AND ANY ORGANIZED SCHOOL IMPROVEMENT EFFORTS.

**VII - D. HOMELESS CHILDREN AND YOUTH PROGRAM REQUIREMENTS**

**LOCAL EDUCATION AGENCY LIAISON (HOMELESS COORDINATOR) - *REQUIRED***

HOW WILL THE HOMELESS COORDINATOR IDENTIFY HOMELESS CHILDREN AND YOUTH, ASSIST WITH IMMEDIATE ENROLLMENT, MAKE SCHOOL PLACEMENT DECISIONS, HANDLE ENROLLMENT DISPUTES, PROHIBIT THE SEGREGATION OF HOMELESS CHILDREN AND YOUTH, PROVIDE/ARRANGE TRANSPORTATION & INFORM OF TRANSPORTATION SERVICES, INFORM ABOUT EDUCATIONAL OPPORTUNITIES AVAILABLE, AND DISSEMINATE PUBLIC NOTICE OF RIGHTS.

INCLUDE HOW NOTIFICATION WILL BE SENT TO SCHOOL PERSONNEL THAT THEY ARE RESPONSIBLE FOR THESE DUTIES.

**VII - D. HOMELESS CHILDREN AND YOUTH PROGRAM REQUIREMENTS CONTINUED**

**COORDINATION - REQUIRED**

INCLUDE HOW YOUR DISTRICT WILL COORDINATE WITH LOCAL SOCIAL SERVICES AGENCIES AND OTHER AGENCIES OR PROGRAMS PROVIDING SERVICES TO HOMELESS CHILDREN AND YOUTH. INCLUDE COORDINATION WITH SPECIAL EDUCATION AND HEAD START. INCLUDE HOW YOUR TITLE I SET-ASIDE FUNDS WILL BE USED.

**POLICIES AND PROCEDURES - REQUIRED**

INCLUDE A DESCRIPTION OF BOARD-ADOPTED POLICIES AND PROCEDURES THAT WILL ENSURE THAT THERE WILL NOT BE BARRIERS TO THE ENROLLMENT, ATTENDANCE, AND SUCCESS OF HOMELESS CHILDREN AND YOUTH. INCLUDE A BOARD-ADOPTED DATE. INCLUDE INFORMATION ON YOUR BOARD-APPROVED PROCESS FOR THE RESOLUTION OF DISAGREEMENTS.

**VII - D. HOMELESS CHILDREN AND YOUTH PROGRAM REQUIREMENTS *CONTINUED***

**ACADEMIC ACHIEVEMENT OUTCOMES (MEASURES OF ACCOUNTABILITY) - REQUIRED**

INCLUDE HOW ALL HOMELESS CHILDREN AND YOUTH WILL BE INCLUDED IN ASSESSMENTS THE DISTRICT ADMINISTERS.

**COMPARABLE SERVICES - REQUIRED**

INCLUDE HOW HOMELESS CHILDREN OR YOUTH WILL BE PROVIDED SERVICES COMPARABLE TO SERVICES OFFERED TO OTHER STUDENTS IN SCHOOL AND HOW THESE SERVICES WILL BE COORDINATED. INCLUDE COORDINATION WITH TRANSPORTATION SERVICES, TITLE I SERVICES, VOCATIONAL AND TECHNICAL EDUCATIONAL PROGRAMS, GIFTED AND TALENTED, AND SCHOOL NUTRITION PROGRAMS.

**VII - E. HOMELESS CHILDREN AND YOUTH PROGRAM ACTIVITIES**

**\*\*INCLUDE ONLY ACTIVITIES FUNDED THROUGH THIS GRANT\*\***

<b>Activity # 1</b>	<b>PROFESSIONAL DEVELOPMENT</b>	<b>STRATEGY</b>
	DESCRIPTION OF ACTIVITY, EVALUATION METHOD, AND TIME SPAN OF EVENT:	
<b>Activity # 2</b>	<b>EDUCATIONAL SERVICES</b>	<b>STRATEGY</b>
	DESCRIPTION OF ACTIVITY, EVALUATION METHOD, AND TIME SPAN OF EVENT:	
<b>Activity # 3</b>	<b>COMPREHENSIVE SERVICES</b>	<b>STRATEGY</b>
	DESCRIPTION OF ACTIVITY, EVALUATION METHOD, AND TIME SPAN OF EVENT:	

VII - E. HOMELESS CHILDREN AND YOUTH PROGRAM ACTIVITIES *CONTINUED*

**\*\*INCLUDE ONLY ACTIVITIES FUNDED THROUGH THIS GRANT\*\***

<b>Activity # 4</b>	<b>TRANSPORTATION</b>	<b>STRATEGY</b>
	DESCRIPTION OF ACTIVITY, EVALUATION METHOD, AND TIME SPAN OF EVENT:	
<b>Activity # 5</b>	<b>SCHOOL RECORDS</b>	<b>STRATEGY</b>
	DESCRIPTION OF ACTIVITY, EVALUATION METHOD, AND TIME SPAN OF EVENT:	

VII - E. HOMELESS CHILDREN AND YOUTH PROGRAM ACTIVITIES CONTINUED

**\*\*INCLUDE ONLY ACTIVITIES FUNDED THROUGH THIS GRANT\*\***

<b>Activity # 6</b>	<b>SCHOOL AND HYGIENE SUPPLIES</b>	<b>STRATEGY</b>
	DESCRIPTION OF ACTIVITY, EVALUATION METHOD, AND TIME SPAN OF EVENT:	
<b>Activity # 7</b>	<b>OTHER NEEDS</b>	<b>STRATEGY</b>
	DESCRIPTION OF ACTIVITY, EVALUATION METHOD, AND TIME SPAN OF EVENT:	

**VII - E. HOMELESS CHILDREN AND YOUTH PROGRAM ACTIVITIES CONTINUED**

**\*\*INCLUDE ONLY ACTIVITIES FUNDED THROUGH THIS GRANT\*\***

	OTHER NEEDS	STRATEGY
<b>Activity # 8</b>	DESCRIPTION OF ACTIVITY, EVALUATION METHOD, AND TIME SPAN OF EVENT:	

**VII - F. HOMELESS CHILDREN AND YOUTH PROGRAM BUDGET NARRATIVE**

DESCRIBE HOW THE PROPOSED USE OF FUNDS WOULD FACILITATE THE ENROLLMENT, RETENTION, AND SUCCESS OF HOMELESS CHILDREN AND YOUTH IN SCHOOL.

**VII - G. HOMELESS CHILDREN AND YOUTH PROGRAM SUPPORTING DATA PAGE**

	FTEs						
	Administration (10)	Teachers (60)	Paras (80)	Ancillary Personnel (90)	Media Personnel (40)	Guidance Personnel (50)	Other Pupil Services (70)
<b>Instructional Staff</b>							
Supplemental Instruction							
Preschool							
Class Size Reduction							
Neglected/Delinquent Institution Supplemental Instruction							
Alternative Education Instruction/In-School Suspension							
<b>Other Staff</b>							
Homeless Coordinator							
Secretary							
Nurse							
Social Worker							
Case Manager							
Guidance Counselor							
Personal Assistant (Child Care)							
School/Home Coordinator							
Language Translators (for ELL)							
Technology Coordinator							
School Resource Officer							
Transition Case Manager							
<b>Totals</b>							

The grid above indicates the position(s) funded with McKinney-Vento subgrant monies. The required certification for these positions is listed in the chart below. This chart is provided as a guide and should be used when determining the necessary certification needed when filling the FTE(s). All federally-funded positions, whether certified or non-certified, are to be reported.

**CHART OF REQUIRED CERTIFICATION FOR POSITIONS BELOW**

<b>Position Title</b>	<b>Required Certification</b>
Homeless Coordinator	Any certificate at any grade level or Social Work Degree
Secretary	None
Teacher	Appropriate teaching certification
Early Childhood Educator	Early Childhood (PK)
Paraprofessional (Teacher Assistant)	60 hrs. or ParaPro Praxis
Nurse	Licensed RN
Social Worker	Social Work Degree
Case Manager	Appropriate training and/or experience
Guidance Counselor	Appropriate guidance certificate
Personal Assistant (Child Care)	Appropriate training and/or experience
Translator for ELL	Fluent in English and in translated language

<b>VII - H. HOMELESS CHILDREN AND YOUTH PROGRAM ACTIVITY BUDGET</b>	
<b>BUDGET ITEMIZATION</b>	<b>GRANT FUNDS REQUESTED</b>
<b>6100: CERTIFIED SALARIES</b>	
<b>6100 SUBTOTAL</b>	<b>\$</b>
<b>6150: NON-CERTIFIED SALARIES</b>	
<b>6150 SUBTOTAL</b>	<b>\$</b>
<b>6200: EMPLOYEE BENEFITS (OPTIONAL CATEGORIES)</b> FICA MEDICARE RETIREMENT (TEACHER OR NON-TEACHER) HEALTH, LIFE, AND/OR DENTAL INSURANCE OTHER BENEFITS	
<b>6200 SUBTOTAL</b>	<b>\$</b>
<b>6300: PURCHASED SERVICES</b>	
<b>6300 SUBTOTAL</b>	<b>\$</b>
<b>6400: MATERIALS/SUPPLIES</b>	
<b>6400 SUBTOTAL</b>	<b>\$</b>
<b>6100-6400 SUBTOTAL</b>	<b>\$</b>
<b>INDIRECT COST OPTIONAL</b> (RESTRICTED RATE: ____% X SUBTOTAL)	<b>\$</b>
<b>6500: CAPITAL OUTLAY</b>	
<b>6500 SUBTOTAL</b>	<b>\$</b>
<b>TOTAL - (TRANSFER TO SECTION II – TOTAL BUDGETS BY PROGRAM)</b>	<b>\$</b>

<b>VII - I. HOMELESS CHILDREN AND YOUTH PROGRAM ADMINISTRATIVE COSTS</b>	
<b>BUDGET ITEMIZATION</b>	<b>GRANT FUNDS REQUESTED</b>
<b>6100: CERTIFIED SALARIES</b>	
<b>6100 SUBTOTAL</b>	<b>\$</b>
<b>6150: NON-CERTIFIED SALARIES</b>	
<b>6150 SUBTOTAL</b>	<b>\$</b>
<b>6200: EMPLOYEE BENEFITS (OPTIONAL CATEGORIES)</b> FICA MEDICARE RETIREMENT (TEACHER OR NON-TEACHER) HEALTH, LIFE, AND/OR DENTAL INSURANCE OTHER BENEFITS	
<b>6200 SUBTOTAL</b>	<b>\$</b>
<b>6300: PURCHASED SERVICES</b>	
<b>6300 SUBTOTAL</b>	<b>\$</b>
<b>6400: MATERIALS/SUPPLIES</b>	
<b>6400 SUBTOTAL</b>	<b>\$</b>
<b>6500: CAPITAL OUTLAY</b>	
<b>6500 SUBTOTAL</b>	<b>\$</b>
<b>TOTAL - (TRANSFER TO SECTION II – TOTAL BUDGETS BY PROGRAM)</b>	<b>\$</b>