



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF QUALITY SCHOOLS-FEDERAL PROGRAMS

**FEDERAL PROGRAMS APPLICATION / HOMELESS CHILDREN AND YOUTH**  
**Project Dates July 1, 2016 to June 30, 2017 (1 Year Grant)**

**DIRECTIONS**

Mail the completed grant application with three (3) copies by the **postmark deadline of Tuesday, May 24, 2016** to: Federal Programs, Attn: McKinney-Vento Grant Program, Department of Elementary and Secondary Education (DESE), PO Box 480, Jefferson City, MO 65102-0480. For questions, please contact Donna Cash, Federal Programs Phone: (573) 522-8763; Fax: (573) 526-6698 or email to: [donna.cash@dese.mo.gov](mailto:donna.cash@dese.mo.gov)

**FOR DESE USE ONLY**

SIGNATURE OF DESE AUTHORIZED REPRESENTATIVE	DATE
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**SECTION I - 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	
<b>1200</b> Supplemental Instruction									
<b>1400</b> Student Activities									
<b>2100</b> Non-Instructional Support Services									
<b>2200</b> Professional Development									
<b>2500</b> Transportation and Maintenance									
<b>3000</b> Community Services									
<b>Program Costs Subtotal</b>									
Administration Costs									
Direct Costs									
Indirect Cost Rate _____%(optional)									
<b>Administrative Costs Subtotal</b>									
<b>Grand Total</b>									

**SECTION II - DISTRICT AND PROGRAM INFORMATION**

DISTRICT/APPLICANT NAME		COUNTY-DISTRICT CODE	
NAME OF THE BOARD-AUTHORIZED REPRESENTATIVE		TITLE OF THE BOARD-AUTHORIZED REPRESENTATIVE	
EMAIL ADDRESS		TELEPHONE NUMBER	FAX NUMBER
HOMELESS CHILDREN AND YOUTH GRANT CONTACT	EMAIL 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, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6<sup>th</sup> Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).

**SECTION II - DISTRICT AND PROGRAM INFORMATION (continued)**

The applicant assures 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; and
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 34 CFR Part 85 and lobbying restrictions described in 34 CFR 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 DESE, or an auditor representing DESE, to have been misspent or otherwise misapplied.

SIGNATURE OF BOARD-AUTHORIZED REPRESENTATIVE

DATE

**SECTION III - PROGRAM STATUS**

**District Level (Summary Reports—School District Report Card)**

Student Enrollment \_\_\_\_\_ <http://dese.mo.gov/schooldata/>

Free/Reduced Lunch Percentage \_\_\_\_\_ <http://dese.mo.gov/schooldata/>

Dropout Rate \_\_\_\_\_ <http://dese.mo.gov/schooldata/>

Homeless Children and Youth Count \_\_\_\_\_ Prior Year District Missouri Student Information System (MOSIS) Count  
[http://www.ers.usda.gov/data-products/county-level-data-](http://www.ers.usda.gov/data-products/county-level-data-sets/poverty.aspx)

County Poverty (2014) Percentage \_\_\_\_\_ [sets/poverty.aspx](http://www.ers.usda.gov/data-products/county-level-data-sets/poverty.aspx)

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 MOSIS data sent to the DESE on \_\_\_\_\_(date)

**Homeless Children and Youth Residing within the District Census**

GRADE/AGE	SHELTERS, TRANSITIONAL HOUSING, AND 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)					
<b>TOTALS</b>					

**SECTION IV – PROGRAM DEVELOPMENT AND PLANNING**

**Who was surveyed regarding the needs of homeless children and youth for the homeless project: (Check all that apply)**

- PK-8 Teachers
- PK-8 Building Administrators
- PK-8 Parents
- Shelters
- 9-12 Teachers
- 9-12 Building Administrators
- 9-12 Parents
- School Board Members
- Homeless Students
- District-Level School Administrators
- Business Representatives
- Advocacy Groups
- Other \_\_\_\_\_
- 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)**

- Interviews
- Surveys/Questionnaires
- Focus Groups/Discussions
- District Data Analysis
- District Data Reports
- Other \_\_\_\_\_

**The following needs for homeless children and youth have been identified: (Check all that apply)**

- Food and clothing
- Free lunch/breakfast
- Activity fees
- Tutoring/remedial programs
- Special Ed
- School materials and supplies
- Childcare
- Counseling for students
- Life skills training
- Transitional shelter
- Preschool programs
- Excess transportation cost
- Emergency shelter
- Job placement services
- Parenting education
- Community transportation
- Additional academic instruction
- Homeless coordinator/advocates
- Posting student rights and services
- Affordable permanent housing
- Age-appropriate social skills
- Substance abuse and intervention
- School coordination with local community services
- Medical, dental, mental health services
- Domestic violence/child abuse intervention
- Professional development on homeless issues
- Case management for enrollment and community services
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**The McKinney-Vento program will coordinate with the following: (Check all that apply)**

- Title I (Required)
- Title II (Professional Dev.)
- Title IV (SDFSC)
- Title V (Innovative Programs)
- Shelters
- Head Start/Early Head Start
- Pupil Transportation
- Parents As Teachers
- Community Agencies
- Department of Health
- WIC Offices
- Department of Mental Health
- Local Libraries
- Even Start Family Literacy
- Local Food Pantry
- Division of Family Services (DFS)
- Faith-Based Organization
- Medical, Dental, Mental Health Providers
- Public Housing Authorities
- Special Education (IDEA)
- Migrant Educational Programs
- HUD Continuums of Care
- Community Action Agencies
- District Funds
- Safe and Drug Free School Programs
- Law Enforcement Agencies
- Reginal Professional Dev. Centers
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**SECTION V – GRANT NEEDS ASSESSMENT NARRATIVE**

*Narrative cannot exceed four pages, typed in Times New Roman twelve point font, doubled-spaced with one inch margins.*

The program status and statement of need narrative should include:

- Current status of the Local Education Agency's (LEA) Homeless program; including,
  - socio-economic and demographic data and trends.
- Available resources; including:
  - community resources,
  - outreach programs,
  - LEA support and federal program supports are in place, and
  - percentage of time that the local liaison and others devote to homeless education.
- Identification of major needs of homeless children and youth in the LEA that will be addressed with this grant.

**SECTION VI – PROGRAM DESCRIPTION**

**A. Program Description Narrative**

*Narrative cannot exceed five pages, typed in Times New Roman twelve point font, doubled-spaced with one inch margins.*

Provide a description of:

1. How the grant is consistent with the purpose of and encompasses all aspects of the McKinney-Vento Homeless Assistance Act.
2. How the services and programs funded by this grant will address the needs identified by the LEA's assessments and how these are linked to the needs, objectives, activities, and outcomes of the program.
3. The programs activities as they are proposed in the grant.
4. How the proposed activities do not replace the regular academic program but instead, expand upon or improve services provided to homeless students as part of the school's regular academic program.
5. Staffing and management for the program. Also describe how the LEA coordinates with other service providers/agencies; including, but not limited to Title I.A., Migrant, RPDCs, English Language Learners (ELL), and Preschool programs.
6. Current policies and procedures that exist or will be implemented to eliminate the stigmatization or isolation of homeless children and youth.

**B. Title I and McKinney-Vento Coordination**

	Total Amount	Activities Funded
Actual Set Aside for 2015-2016		
Planned Set Aside for 2016-2017		

What percentage of the 2015-2016 Title I set aside funds were spent on activities for homeless children and youth? (If less than 100% explain.)

What was the process used to determine the amount of the Title I Set Aside for 2015-2016?

What mechanisms are in place to ensure ongoing coordination between the Title I and McKinney-Vento programs?

**SECTION VI – PROGRAM DESCRIPTION (continued)**

**C. Collaborations in the Community**

Collaborating Agency	Activities in Place	Activities Planned	Services or Resources Provided by Collaborators

**D. Collaborations within the LEA**

Collaborating Program	Activities in Place	Activities Planned	Services or Resources Provided by Collaborators

**SECTION VII – PROGRAM EVALUATION NARRATIVE**

**A. Program Evaluation Narrative**

*Narrative cannot exceed five pages, typed in Times New Roman twelve point font, doubled-spaced with one inch margins.*

Provide a description of:

1. How the grants activities will be monitored and how feedback will be obtained for decision-making through the life of the grant.
2. How feedback data will be used for guiding the grants process during the term of the grant.
3. What criteria will be used to judge the success of the grant.
4. The methods of evaluation used for this grant.

**B. Objectives, Activities, Measures, and Data Source**

*Objective #1-- Description of objective:*

**Describe the activities to achieve the objective, the number of homeless students impacted, and the time frame of the activity. Describe how the activity will align with the DESE's Goals.**

**Measurable Outcomes**

**Data Sources**

1.

2.

3.

*Objective #2-- Description of objective:*

**Describe the activities to achieve the objective, the number of homeless students impacted, and the time frame of the activity. Describe how the activity will align with the DESE's Goals.**

**Measurable Outcomes**

**Data Sources**

1.

2.

3.

**SECTION VII – PROGRAM EVALUATION NARRATIVE (continued)**

**B. Objectives, Activities, Measures, and Data Source (continued)**

*Objective #3-- Description of objective:*

Describe the activities to achieve the objective, the number of homeless students impacted, and the time frame of the activity. Describe how the activity will align with the DESE's Goals.

**Measurable Outcomes**

**Data Sources**

1.

2.

3.

*Objective #4-- Description of objective:*

Describe the activities to achieve the objective, the number of homeless students impacted, and the time frame of the activity. Describe how the activity will align with the DESE's Goals.

**Measurable Outcomes**

**Data Sources**

1.

2.

3.

**SECTION VII – PROGRAM EVALUATION NARRATIVE (continued)**

**B. Objectives, Activities, Measures, and Data Source (continued)**

*Objective #5-- Description of objective:*

Describe the activities to achieve the objective, the number of homeless students impacted, and the time frame of the activity. Describe how the activity will align with the DESE's Goals.

**Measurable Outcomes**

**Data Sources**

1.

2.

3.

*Objective #6-- Description of objective:*

Describe the activities to achieve the objective, the number of homeless students impacted, and the time frame of the activity. Describe how the activity will align with the DESE's Goals.

**Measurable Outcomes**

**Data Sources**

1.

2.

3.

**SECTION VIII - 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 (PreK)
Paraprofessional (Teacher Assistant)	60 hrs. or ParaPro Praxis
Nurse	Licensed Registered Nurse
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

**SECTION IX- A. - HOMELESS CHILDREN AND YOUTH PROGRAM ACTIVITY BUDGET**

BUDGET ITEMIZATION	GRANT FUNDS REQUESTED
6100: CERTIFIED SALARIES	
<b>6100 SUBTOTAL</b>	<b>\$</b>
6150: NON-CERTIFIED SALARIES	
<b>6150 SUBTOTAL</b>	<b>\$</b>
6200: EMPLOYEE BENEFITS ( <i>OPTIONAL CATEGORIES</i> ) FICA MEDICARE RETIREMENT (TEACHER OR NON-TEACHER) HEALTH, LIFE, AND/OR DENTAL INSURANCE OTHER BENEFITS	
<b>6200 SUBTOTAL</b>	<b>\$</b>
6300: PURCHASED SERVICES	
<b>6300 SUBTOTAL</b>	<b>\$</b>
6400: MATERIALS/SUPPLIES	
<b>6400 SUBTOTAL</b>	<b>\$</b>
<b>6100-6400 SUBTOTAL</b>	<b>\$</b>
<b>INDIRECT COST OPTIONAL</b> (RESTRICTED RATE: ____% X SUBTOTAL)	<b>\$</b>
6500: CAPITAL OUTLAY	
<b>6500 SUBTOTAL</b>	<b>\$</b>
<b>TOTAL -</b>	<b>\$</b>

**SECTION IX- B. - HOMELESS CHILDREN AND YOUTH PROGRAM ADMINISTRATIVE COSTS**

BUDGET ITEMIZATION	GRANT FUNDS REQUESTED
6100: CERTIFIED SALARIES	
<b>6100 SUBTOTAL</b>	<b>\$</b>
6150: NON-CERTIFIED SALARIES	
<b>6150 SUBTOTAL</b>	<b>\$</b>
6200: EMPLOYEE BENEFITS ( <i>OPTIONAL CATEGORIES</i> ) FICA MEDICARE RETIREMENT (TEACHER OR NON-TEACHER) HEALTH, LIFE, AND/OR DENTAL INSURANCE OTHER BENEFITS	
<b>6200 SUBTOTAL</b>	<b>\$</b>
6300: PURCHASED SERVICES	
<b>6300 SUBTOTAL</b>	<b>\$</b>
6400: MATERIALS/SUPPLIES	
<b>6400 SUBTOTAL</b>	<b>\$</b>
6500: CAPITAL OUTLAY	
<b>6500 SUBTOTAL</b>	<b>\$</b>
<b>TOTAL – ADMINISTRATIVE COST</b>	<b>\$</b>
<b>GRANT TOTAL (SECTION IX A and B)</b>	