



**HOMELESS CHILDREN AND YOUTH GRANT APPLICATION**  
**Project Dates July 1, 2020 to June 30, 2023 (Three-Year Grant)**

**INSTRUCTIONS**

An electronic PDF grant application must be submitted via email to [webreplyfgm@dese.mo.gov](mailto:webreplyfgm@dese.mo.gov) by **Friday, June 12, 2020**. For questions concerning the Homeless Children and Youth Grant Program, contact Federal Programs, Missouri Department of Elementary and Secondary Education (DESE), at 573-751-3468.

**SECTION I LOCAL EDUCATION AGENCY (LEA) AND PROGRAM INFORMATION (0 Points)**

LEA /DISTRICT NAME		COUNTY DISTRICT CODE	
NAME OF THE BOARD-AUTHORIZED REPRESENTATIVE		TITLE OF THE BOARD-AUTHORIZED REPRESENTATIVE	
EMAIL ADDRESS		TELEPHONE NUMBER(S)	
HOMELESS CHILDREN AND YOUTH GRANT PROGRAM CONTACT		TELEPHONE NUMBER(S)	
EMAIL ADDRESS			
LEA/DISTRICT ADDRESS		CITY	STATE ZIP

**FOR DESE USE ONLY**

SIGNATURE OF DESE AUTHORIZED REPRESENTATIVE	DATE
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**SECTION II TOTAL BUDGETS BY PROGRAM (0 Points)**

PROGRAM: Homeless Children & Youth Grant App	6100 Certificated Salaries	6150 Non- Certificated Salaries	6200 Employee Benefits	6300 Purchased Services	6400 Materials/ Supplies	6500 Capital Outlay	TOTAL
1200 – Supplemental Instruction	\$	\$	\$	\$	\$	\$	\$
1400 – Student Activities	\$	\$	\$	\$	\$	\$	\$
2100 – Non-Instructional Support Services	\$	\$	\$	\$	\$	\$	\$
2200 – Professional Dev	\$	\$	\$	\$	\$	\$	\$
2500 – Transportation and Maintenance	\$	\$	\$	\$	\$	\$	\$
3000 – Community Services	\$	\$	\$	\$	\$	\$	\$
3611 – Homeless & Other Disadv Student Activities Svcs	\$	\$	\$	\$	\$	\$	\$
<b>Program Costs Subtotal</b>	\$	\$	\$	\$	\$	\$	\$
Administrative Costs							
Direct Costs	\$	\$	\$	\$	\$	\$	\$
Indirect Cost Rate _____ % (optional)							\$
<b>Administrative Costs Subtotal</b>	\$	\$	\$	\$	\$	\$	\$
<b>GRAND TOTAL</b>	\$	\$	\$	\$	\$	\$	\$

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute 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, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th 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 III ASSURANCES AND CERTIFICATION (0 Points)**

The applicant agrees to the assurances listed below:

- An assurance that the LEA’s combined fiscal effort per student, or the aggregate expenditures of that agency and the State with respect to the provision of free public education by such agency for the fiscal year preceding the fiscal year for which the determination is made, was not less than 90 percent of such combined fiscal effort or aggregate expenditures for the second fiscal year preceding the fiscal year for which the determination is made.
- An assurance that the applicant complies with, or will use requested funds to comply with, paragraphs 3-7 of section 11432(g) of this title.
- An assurance that the LEA will collect and promptly provide data requested by the state.
- Coordinator pursuant to paragraphs (1) and (3) of section 11432(f) of this title.
- An assurance that the LEA will meet the requirements of section 11432(g)(3) of this title.

A copy of the Homeless Children and Youth Assistance Act can be found on the following website, Section 11433 (4)(b) list assurances: <https://uscode.house.gov/view.xhtml?path=/prelim@title42/chapter19/subchapter6/partB&edition=prelim>.

The board-authorized representative fully understands the assurances and the responsibility for compliance placed upon the applicant by the assurances.

SIGNATURE OF BOARD-AUTHORIZED REPRESENTATIVE (Electronic signatures will be accepted for PDF documents)

DATE

**SECTION IV PROGRAM STATUS (15 Points)**

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

Student Enrollment	_____	<a href="https://apps.dese.mo.gov/MCDS/Home.aspx">https://apps.dese.mo.gov/MCDS/Home.aspx</a>
Free/Reduced Lunch Percentage	_____	<a href="https://apps.dese.mo.gov/MCDS/Home.aspx">https://apps.dese.mo.gov/MCDS/Home.aspx</a>
Homeless Children and Youth Count	_____	Prior Year LEA Missouri Student Information System (MOSIS) June Count
County Poverty Percentage Children ages (0-17) in poverty (2018) Upper Bound Percentage	_____	<a href="https://data.ers.usda.gov/reports.aspx?ID=17826">https://data.ers.usda.gov/reports.aspx?ID=17826</a>

**SECTION V PROGRAM DESCRIPTION NARRATIVE (25 Points)**

**INSTRUCTIONS: Narrative cannot exceed eight pages, typed in Times New Roman, 12-point font, doubled-spaced, one-sided 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 program’s 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. How the program will be staffed and managed. Also describe how the LEA coordinates with other service providers/agencies, including, but not limited to Title I.A., Migrant, 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.

**SECTION VI GRANT NEEDS ASSESSMENT NARRATIVE (10 Points)**

**INSTRUCTIONS:** Narrative cannot exceed eight pages, typed in Times New Roman font, 12-point, doubled-spaced, one-sided with one-inch margins.

The program status and statement of need assessment narrative should include:

- Current status of the LEA's Homeless program, including:
  - Socio-economic and demographic data and trends.
  
- Available resources, including:
  - Program coordination (Title I, Special Education, community resources, etc.),
  - 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.
  - Identify program development and planning (include the LEA's current needs assessment).

**SECTION VII COLLABORATION DESCRIPTION (25 Points)**

**Title I and Homeless Children and Youth Education Coordination (Grant Requirement)**

	<b>Total Amount</b>	<b>Activities Funded</b>
<b>Actual Set Aside for SY 2019-20</b>		
<b>Planned Set Aside for SY 2020-21 (Year 1)</b>		
<b>Planned Set Aside for SY 2021-22 (Year 2)</b>		
<b>Planned Set Aside for SY 2022-23 (Year 3)</b>		

What percentage of the 2019-20 Title I Set Aside funds were spent on activities for homeless children and youth? (If less than 100%, please explain.)

**SECTION VII COLLABORATION DESCRIPTION (Cont'd)**

**Title I and Homeless Children and Youth Education Coordination (Grant Requirement)**

What was the process used to determine the amount of the Title I Homeless Set Aside?

What mechanisms are in place to ensure ongoing coordination between the Title I and Homeless Children and Youth programs?

**SECTION VII COLLABORATION DESCRIPTION (Cont'd)**

**Collaborations within the LEA**

<b>Collaborating Program</b>	<b>Activities</b>	<b>Activities Planned</b>	<b>Services or Resources Provided by Collaborators</b>

**SECTION VII COLLABORATION DESCRIPTION (Cont'd)**

**Collaborations in the Community**

<b>Collaborating Agency</b>	<b>Activities</b>	<b>Activities Planned</b>	<b>Services or Resources Provided by Collaborators</b>

**SECTION VIII PROGRAM EVALUATION NARRATIVE (20 Points)**

**A. Program Evaluation Narrative**

**Instructions: Narrative cannot exceed six pages, typed in Times New Roman font, 12-point, doubled-spaced, one-sided with one-inch margins.**

Provide a description of:

1. How the grant 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 grant's process during the term of the grant.
3. The criteria used to judge the success of the grant.
4. The methods of evaluation used for this grant and how activities differ from year one to year three for this grant.

**B. Objectives, Activities, Measures and Data Source (minimum of three and maximum of six)**

Objective #1 – Description of objective and year of the grant it applies to:  
Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_

Describe the activities to achieve the objective, the number of homeless students impacted and the time frame of the activity.	Measurable Outcomes	Data Sources
1.		
2.		
3.		

**SECTION VIII PROGRAM EVALUATION NARRATIVE (Cont'd)**

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

Objective #2 – Description of objective and year of the grant it applies to:  
Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_

**Describe the activities to achieve the objective, the number of homeless students impacted and the time frame of the activity.**

**Measurable Outcomes**

**Data Sources**

1.

2.

3.



**SECTION VIII PROGRAM EVALUATION NARRATIVE (Cont'd)**

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

Objective #3 – Description of objective and year of the grant it applies to:  
Year 1\_\_\_\_\_ Year 2\_\_\_\_\_ Year 3\_\_\_\_\_

**Describe the activities to achieve the objective, the number of homeless students impacted and the time frame of the activity.**

**Measurable Outcomes**

**Data Sources**

1.

2.

3.

**SECTION VIII PROGRAM EVALUATION NARRATIVE (Cont'd)**

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

Objective #4 – Description of objective and year of the grant it applies to:  
Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_

**Describe the activities to achieve the objective, the number of homeless students impacted and the time frame of the activity.**

**Measurable Outcomes**

**Data Sources**

1.

2.

3.

**SECTION VIII PROGRAM EVALUATION NARRATIVE (Cont'd)**

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

Objective #5 – Description of objective and year of the grant it applies to:  
Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_

**Describe the activities to achieve the objective, the number of homeless students impacted and the time frame of the activity.**

**Measurable Outcomes**

**Data Sources**

1.

2.

3.

**SECTION VIII PROGRAM EVALUATION NARRATIVE (Cont'd)**

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

Objective #6 – Description of objective and year of the grant it applies to:  
 Year 1\_\_\_\_\_ Year 2\_\_\_\_\_ Year 3\_\_\_\_\_

Describe the activities to achieve the objective, the number of homeless students impacted and the time frame of the activity.	Measurable Outcomes	Data Sources
1.		
2.		
3.		

**SECTION IX PROGRAM SUPPORTING DATA PAGE (0 Points)**

<b>Instructional Staff</b>	<b>FTEs</b>
Supplemental English/Language Arts Teacher	
Supplemental Math Teacher	
Supplemental Reading Teacher	
Supplemental Science Teacher	
Preschool Teacher	
Preschool Paraprofessional	
<b>Other Staff</b>	
Homeless Liaison	
Case Manager	
Guidance Counselor	
Language Translators (for ELL)	
Nurse	
School/Home Coordinator	
Secretary	
Social Worker	
<b>Totals</b>	

The grid above indicates the position(s) funded with Homeless Children and Youth sub-grant 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. If this changes during the grant cycle, the LEA should update the form and resubmit to DESE.

**CHART OF REQUIRED CERTIFICATION FOR POSITIONS BELOW**

<b>Position Title</b>	<b>Required Certification</b>
Supplemental English/Language Arts Teacher	Appropriate grade level and subject area certification
Supplemental Math Teacher	Appropriate grade level and subject area certification
Supplemental Reading Teacher	Teaching certificate and K-12 special reading certificate
Supplemental Science Teacher	Appropriate grade level and subject area certification
Preschool Teacher	Early Childhood Education or Early Childhood Special Education
Preschool Paraprofessional	60 hours or passed ParaPro or Paraprofessional Assessment
Homeless Liaison	Any certificate at any grade level or Social Work Degree
Case Manager	Appropriate training and/or experience
Guidance Counselor	Appropriate Counselor Certificate
Language Translators (for ELL)	Fluent in English and in translated language
Nurse	Licensed Registered Nurse
School/Home Coordinator	Appropriate experience and/or training
Secretary	None
Social Worker	Social Work Degree

**SECTION X A. HOMELESS CHILDREN AND YOUTH PROGRAM ACTIVITY BUDGET YEAR 1 (5 Points)**

BUDGET ITEMIZATION	GRANT FUNDS REQUESTED
<b>6100: CERTIFICATED SALARIES</b>	
<b>6100 SUBTOTAL</b>	<b>\$</b>
<b>6150: NONCERTIFICATED 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 AND SUPPLIES</b>	
<b>6400 SUBTOTAL</b>	<b>\$</b>
<b>6100-6400 SUBTOTAL</b>	<b>\$</b>
INDIRECT COST OPTIONAL (Restricted Rate: _____% X Subtotal)	<b>\$</b>
<b>6500: CAPITAL OUTLAY</b>	
<b>6500 SUBTOTAL</b>	<b>\$</b>
<b>TOTAL</b>	<b>\$</b>

**SECTION X B. HOMELESS CHILDREN AND YOUTH PROGRAM ADMINISTRATIVE COSTS YEAR 1**

BUDGET ITEMIZATION	GRANT FUNDS REQUESTED
6100: CERTIFICATED SALARIES	
<b>6100 SUBTOTAL</b>	<b>\$</b>
6150: NONCERTIFICATED 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 AND 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 X, A AND B)</b>	<b>\$</b>

**SECTION X A. HOMELESS CHILDREN AND YOUTH PROGRAM ACTIVITY BUDGET YEAR 2**

BUDGET ITEMIZATION	GRANT FUNDS REQUESTED
6100: CERTIFICATED SALARIES	
<b>6100 SUBTOTAL</b>	<b>\$</b>
6150: NONCERTIFICATED SALARIES	
<b>6150 SUBTOTAL</b>	<b>\$</b>
6200: EMPLOYEE BENEFITS (OPTIONAL CATEGORIES) 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 AND SUPPLIES	
<b>6400 SUBTOTAL</b>	<b>\$</b>
<b>6100-6400 SUBTOTAL</b>	<b>\$</b>
INDIRECT COST OPTIONAL (RESTRICTED RATE: _____% X SUBTOTAL)	<b>\$</b>
6500: CAPITAL OUTLAY	
<b>6500 SUBTOTAL</b>	<b>\$</b>
<b>TOTAL</b>	<b>\$</b>



<b>SECTION X B. HOMELESS CHILDREN AND YOUTH PROGRAM ADMINISTRATIVE COSTS YEAR 2</b>	
<b>BUDGET ITEMIZATION</b>	<b>GRANT FUNDS REQUESTED</b>
<b>6100: CERTIFICATED SALARIES</b>	
<b>6100 SUBTOTAL</b>	<b>\$</b>
<b>6150: NONCERTIFICATED SALARIES</b>	
<b>6150 SUBTOTAL</b>	<b>\$</b>
<b>6200: EMPLOYEE BENEFITS (OPTIONAL CATEGORIES) FICA MEDICARE, RETIREMENT (TEACHER OR NON-TEACHER) HEALTH, LIFE AND/OR DENTAL INSURANCE OTHER BENEFITS</b>	
<b>6200 SUBTOTAL</b>	<b>\$</b>
<b>6300: PURCHASED SERVICES</b>	
<b>6300 SUBTOTAL</b>	<b>\$</b>
<b>6400: MATERIALS AND SUPPLIES</b>	
<b>6400 SUBTOTAL</b>	<b>\$</b>
<b>6500: CAPITAL OUTLAY</b>	
<b>6500 SUBTOTAL</b>	<b>\$</b>
<b>TOTAL – ADMINISTRATIVE COST</b>	<b>\$</b>
<b>GRANT TOTAL (SECTION X, A AND B)</b>	<b>\$</b>

**SECTION X A. HOMELESS CHILDREN AND YOUTH PROGRAM ACTIVITY BUDGET YEAR 3**

BUDGET ITEMIZATION	GRANT FUNDS REQUESTED
6100: CERTIFICATED SALARIES	
<b>6100 SUBTOTAL</b>	<b>\$</b>
6150: NONCERTIFICATED SALARIES	
<b>6150 SUBTOTAL</b>	<b>\$</b>
6200: EMPLOYEE BENEFITS (OPTIONAL CATEGORIES) 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 AND SUPPLIES	
<b>6400 SUBTOTAL</b>	<b>\$</b>
<b>6100-6400 SUBTOTAL</b>	<b>\$</b>
INDIRECT COST OPTIONAL (RESTRICTED RATE: _____% X SUBTOTAL)	<b>\$</b>
6500: CAPITAL OUTLAY	
<b>6500 SUBTOTAL</b>	<b>\$</b>
<b>TOTAL</b>	<b>\$</b>

<b>SECTION X B. HOMELESS CHILDREN AND YOUTH PROGRAM ADMINISTRATIVE COSTS YEAR 3</b>	
<b>BUDGET ITEMIZATION</b>	<b>GRANT FUNDS REQUESTED</b>
<b>6100: CERTIFICATED SALARIES</b>	
<b>6100 SUBTOTAL</b>	<b>\$</b>
<b>6150: NONCERTIFICATED SALARIES</b>	
<b>6150 SUBTOTAL</b>	<b>\$</b>
<b>6200: EMPLOYEE BENEFITS (OPTIONAL CATEGORIES) FICA MEDICARE, RETIREMENT (TEACHER OR NON-TEACHER) HEALTH, LIFE AND/OR DENTAL INSURANCE OTHER BENEFITS</b>	
<b>6200 SUBTOTAL</b>	<b>\$</b>
<b>6300: PURCHASED SERVICES</b>	
<b>6300 SUBTOTAL</b>	<b>\$</b>
<b>6400: MATERIALS AND SUPPLIES</b>	
<b>6400 SUBTOTAL</b>	<b>\$</b>
<b>6500: CAPITAL OUTLAY</b>	
<b>6500 SUBTOTAL</b>	<b>\$</b>
<b>TOTAL – ADMINISTRATIVE COST</b>	<b>\$</b>
<b>GRANT TOTAL (SECTION X, A AND B)</b>	<b>\$</b>