



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 OFFICE OF QUALITY SCHOOLS - FEDERAL PROGRAMS
McKINNEY-VENTO HOMELESS CHILDREN AND YOUTH GRANT APPLICATION
 Project Dates July 1, 2017 to June 30, 2020 (3 Year Grant)

DIRECTIONS

An electronic PDF grant application must be submitted via email to donna.cash@dese.mo.gov by **4:00 p.m. on Friday, June 23, 2017**. Applications may also be hand delivered by the deadline date to the 7th floor, Jefferson Building, 205 Jefferson Street, Jefferson City, Missouri.

For questions concerning the McKinney-Vento Homeless Children and Youth Grant Program, contact Donna Cash, Federal Programs, Missouri Department of Elementary and Secondary Education, Phone: (573) 522-8763; Fax: (573) 526-6698 or email: 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: McKinney-Vento Homeless	6100 Certificated Salaries	6150 Non certificated Salaries	6200 Employee Benefits	6300 Purchased Services	6400 Materials/ Supplies	6500 Capital Outlay	6600 Other	TOTAL
1200 Supplemental Instruction								
1400 Student Activities								
2100 Non Instructional Support Services								
2200 Professional Development								
2500 Transportation and Maintenance								
3000 Community Services								
Program Costs Subtotal								
Administrative Costs								
Direct Costs								
Indirect Cost Rate _____%(optional)								
Administrative Costs Subtotal								
GRAND TOTAL								

SECTION II – LOCAL EDUCATION AGENCY AND PROGRAM INFORMATION

LOCAL EDUCATION AGENCY /DISTRICT NAME		COUNTY DISTRICT CODE	
NAME OF THE BOARD-AUTHORIZED REPRESENTATIVE		TITLE OF THE BOARD-AUTHORIZED REPRESENTATIVE	
EMAIL ADDRESS		TELEPHONE NUMBER	FAX NUMBER
MCKINNEY-VENTO HOMELESS CHILDREN AND YOUTH GRANT CONTACT	EMAIL ADDRESS		
TELEPHONE NUMBER(S)		FAX NUMBER	
LOCAL EDUCATION AGENCY/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), 6th 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.

SECTION II – LOCAL EDUCATION AGENCY 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 (Electronic signatures will be accepted for PDF documents)

DATE

SECTION III - PROGRAM STATUS

Local Education Agency Level (Summary Reports — School Local Education Agency Report Card)

Student Enrollment	_____	https://mcds.dese.mo.gov/Pages/default.aspx
Free/Reduced Lunch Percentage	_____	https://mcds.dese.mo.gov/Pages/default.aspx
Dropout Rate	_____	https://mcds.dese.mo.gov/Pages/default.aspx
Homeless Children and Youth Count	_____	Prior Year Local Education Agency Missouri Student Information System (MOSIS) June Count
County Poverty Percentage Children ages (0-17) in poverty (2015) Upper Bound Percentage	_____	https://data.ers.usda.gov/reports.aspx?ID=14843#Pe880b9956e804d0499ed9a3f9b8c3bbd3_402iT4

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

- Census conducted by the Local Education Agency on a one-day count on _____ (date) or
- OR by the total number served during the school year for the year _____ or
- OR June Student Core MOSIS data sent to the DESE on _____(date)

Homeless Children and Youth residing within the Local Educational Agency Data (based on prior year data)

GRADE/AGE	SHELTERS AND TRANSITIONAL HOUSING,	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)					
PROGRAM GRADUATES					
TOTALS					

SECTION IV – PROGRAM DESCRIPTION NARRATIVE

Narrative cannot exceed eight 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 local education agency'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. How the program will be staffed and managed. Also describe how the local education agency 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 V – GRANT NEEDS ASSESSMENT NARRATIVE

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

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

- Current status of the Local Education Agency'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,
 - Local Educaiton Agency 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 Local Education Agency that will be addressed with this grant.
 - identify program development and planning (include the Local Education Agency's current needs assessment).

SECTION VI – COLLABORATION DESCRIPTION**Title I and McKinney-Vento Homeless Education Coordination (Grant Requirement)**

	Total Amount	Activities Funded
Actual Set-Aside for SY 2016-17		
Planned Set-Aside for SY 2017-18 (Year 1)		
Planned Set-Aside for SY 2018-19 (Year 2)		
Planned Set-Aside for SY 2019-20 (Year 3)		

What percentage of the 2016-2017 Title I set aside funds were spent on activities for homeless children and youth?
(If less than 100% explain.)

SECTION VI – COLLABORATION DESCRIPTION (continued)

Title I and McKinney-Vento Homeless 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 McKinney-Vento Homeless programs?

SECTION VI – COLLABORATION DESCRIPTION (continued)

Collaborations within the Local Education Agency

Collaborating Program	Activities	Activities Planned	Services or Resources Provided by Collaborators

SECTION VI – COLLABORATION DESCRIPTION (continued)

Collaborations in the Community

Collaborating Agency	Activities	Activities Planned	Services or Resources Provided by Collaborators

SECTION VII – PROGRAM EVALUATION NARRATIVE

A. Program Evaluation Narrative

Narrative cannot exceed seven pages, typed in Times New Roman twelve point font, doubled-spaced 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 3 and maximum of 6)

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 VII – PROGRAM EVALUATION NARRATIVE (continued)

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

Objective #2-- Description of objective — 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 VII – PROGRAM EVALUATION NARRATIVE (continued)

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

Objective #3 — Description of objective-- 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 VII – PROGRAM EVALUATION NARRATIVE (continued)

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

Objective #4 — Description of objective-- 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 VII – PROGRAM EVALUATION NARRATIVE (continued)

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

Objective #5 — Description of objective-- 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 VII – PROGRAM EVALUATION NARRATIVE (continued)

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

Objective #6 — Description of objective-- 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 SUPPORTING DATA PAGE

	FTEs						
	Teachers (60)	Paras (80)	Ancillary Personnel (90)	Media Personnel (40)	Guidance Personnel (50)	Other Pupil Services (70)	Central Office Administration (10)
Instructional Staff							
Supplemental Instruction							
Preschool							
Class Size Reduction							
Neglected/Delinquent Institution Supplemental Instruction							
Alternative Education Instruction/In-School Suspension							
Reading Recovery Teacher							
Early Literacy Learning							
Gifted Talented							
Other Instructional Staff							
Other Staff							
Behavior Intervention Specialist							
Family Literacy							
Guidance Counselor							
Homeless Liaison							
Translator for ELL							
Other Non-Instructional Staff							
School/Home Coordinator							
School Nurse							
School Resource Officer							
Social Worker							
Secretary							
Totals							

The grid above indicates the position(s) funded with McKinney-Vento Homeless 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. If this changes during the grant cycle the Local Education Agency should update the form and resubmit to DESE.

CHART OF REQUIRED CERTIFICATION FOR POSITIONS BELOW

Position Title	Required Certification
Homeless Liaison	Any certificate at any grade level or Social Work Degree
Secretary	None
Teacher	Appropriate content area and grade level teaching certificate
Early Childhood Educator	Early Childhood (PreK) or Early Childhood Special Education Certification (ECSE)
Paraprofessional (Teacher Assistant)	60 hrs. or passed ParaPro or Paraprofessional Assessment
Nurse	RN Licensed by State Board of Nursing
Social Worker	Social Work Degree
Case Manager	Appropriate training and/or experience
Guidance Counselor	Counselor 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—YEAR 1

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

SECTION IX- B. - HOMELESS CHILDREN AND YOUTH PROGRAM ADMINISTRATIVE COSTS—YEAR 1

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

SECTION IX- A. - HOMELESS CHILDREN AND YOUTH PROGRAM ACTIVITY BUDGET—YEAR 2

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

SECTION IX- B. - HOMELESS CHILDREN AND YOUTH PROGRAM ADMINISTRATIVE COSTS—YEAR 2

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

SECTION IX- A. - HOMELESS CHILDREN AND YOUTH PROGRAM ACTIVITY BUDGET—YEAR 3

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

SECTION IX- B. - HOMELESS CHILDREN AND YOUTH PROGRAM ADMINISTRATIVE COSTS—YEAR 3

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