

**FY15**

**MCKINNEY-VENTO**

**EDUCATION FOR HOMELESS**

**CHILDREN AND YOUTH**

**EVALUATION AND CONTINUATION REPORT**

|  |
| --- |
| **Local Educational Agency (LEA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Superintendent Name**  |  |
|  |
| **Mailing Address** |  |
|  |
| **Physical Address (if different from above)** |  |
|  |
| **City** |  | **Zip** |  |
|  |
| **Homeless Liaison Name** |  | **Liaison Email** |  |
|  |
| **Liaison Mailing Address** |  |
|  |
| **City** |  | **Zip** |  |
|  |
| **Liaison Telephone** |  | **Liaison Fax** |  |
|  |
| **Name of Project Coordinator (if other than Homeless Liaison)** |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Superintendent Signature |  | Date |
|  |
| Print Name of Superintendent |

**The FY15 McKinney–Vento Education for Homeless Children and Youth Continuation Grants will be a maximum of $70,000.**

**Grant Information**

|  |  |
| --- | --- |
| **FY14 Grant Award Amount** |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Amount of Grant Funds Expended** |  | **Date of Last Reimbursement Request** |

|  |  |
| --- | --- |
| **FY15 Grant Award Request** |  |

GaDOE is required to review and evaluate, annually, the progress of local McKinney-Vento EHCY grantees in meeting the objectives of the program. This review and evaluation supports the awarding of continuation grant funds to facilitate the enrollment, attendance, and success of homeless children and youth in Georgia’s public schools.

# As a McKinney-Vento EHCY grantee awarded a competitive grant, you are eligible to be considered for continuation grant funding dependent upon successful completion of grant program requirements.

**EHCY Continuation Grant Requirements:**

o **Monitoring:** All continuation grant awards are contingent upon a grantee receiving a fully satisfactory program review (no open corrective action). All findings must be successfully resolved on or before **Monday June 30, 2014**.

o **EHCY Evaluation and Continuation Report:** The FY15 EHCY Evaluation and Continuation Report with the original signature of the LEA superintendent must be received by GaDOE on or before **Wednesday, May 21, 2014, 4:00 p.m.**

Please see the **FY15 EHCY Evaluation and Continuation Report Scoring Chart (rubric)** for further information.

Each recipient of an EHCY grant eligible for continuation funding must complete this Evaluation and Continuation Report. **An original signed report and 5 copies must be submitted to GaDOE on or before Wednesday, May 21, 2014**.

**It is the responsibility of the sender to ensure and verify that documents are received by the deadline. Due to periodic disruptions to normal mail delivery, GaDOE strongly encourages the use of an alternative delivery method (for example, a commercial carrier such as Federal Express or UPS; U.S. Postal Service Express mail; a courier service or personal delivery) to transmit documents to GaDOE.**

**Due Date:** On or before **Wednesday, May 21, 2014**.

**Personal Delivery/Overnight Mailing Address:**

**Sonya Davis**

**McKinney-Vento Homeless Education Program**

**Georgia Department of Education**

**205 Jesse Hill Jr. Drive**

**1854 Twin Towers East**

**Atlanta, GA 30334**

# PROGRAM REPORT

# A. NUMBER OF HOMELESS CHILDREN AND YOUTH (HCY) ENROLLED

***(Double click on the chart below to enter required information. Click into the margin area after completing the chart).***

**Provide the number of homeless children and youth who were identified and enrolled by the LEA during the FY14 academic school year disaggregated by grade level groups.**

|  |  |  |
| --- | --- | --- |
| **FY14 HCY****Identified and Enrolled by** **Grade Levels** | **# of HCY Enrolled in****LEA** | **# of HCY Enrolled in School****of Origin** |
| **Pre-School Age** |  |  |
| **K** |  |  |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |
| **9** |  |  |
| **10** |  |  |
| **11** |  |  |
| **12** |  |  |
| **Total** |  |  |

1. **Participating Schools for the FY15 EHCY grant year**

List the schools in which homeless students were **enrolled and attended during the FY14 EHCY grant year**, the number enrolled, the Title I designation, **the status of the school (Priority, Focus , or Alert)** and the services provided for homeless students.

**Key:**

**NON** – non Title I; **TA** – Targeted Assistance Program; **SWP** – Schoolwide Program;

**PS** – Priority School; **FS** – Focus School; **AS** – Alert School, **N**-None

***(Double click on the chart below to enter required information. To add additional schools, right click, and insert rows as needed. Once the numbers have been entered, click into the margin area after completing the chart.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Designation** |  | **Status** |  |
|   | **Name of School** | **# of HCY Enrolled** | **Title I** |   | **2013-2014**  | **Type of Services Provided** |
|   | **NON** | **TA** | **SWP** |  | **PS** | **FS** | **AS** | **N** |
| 1 |   |  |  |  |   |   |   |   |   |  |   |
| 2 |   |  |  |  |   |   |   |   |   |  |   |
| 3 |   |  |  |  |   |   |   |   |   |  |   |
| 4 |   |  |  |  |   |   |   |   |   |  |   |
| 5 |   |   |   |   |   |   |   |   |   |  |   |
| 6 |   |   |   |   |   |   |   |   |   |  |   |
| 7 |   |   |   |   |   |   |   |   |   |  |   |
| 8 |   |   |   |   |   |   |   |   |   |  |   |
| 9 |   |   |   |   |   |   |   |   |   |  |   |
| 10 |   |   |   |   |   |   |   |   |   |  |   |
|   | **Totals** | **0** | **0** | **0** | **0** |  | **0** | **0** | **0** |  |   |

1. **Authorized Activities for the FY15 EHCY Grant period**

Indicate on the chart below:

* + The number of homeless children and youth served during the FY14 EHCY grant period.
	+ The funding sources used to provide the services.

|  |  |  |
| --- | --- | --- |
| **Educational and School-Related Activities** | **Number served** | **Sources addressing need (M-V, Title I, 21st Century, ESOL, Migrant, etc.)** |
| Tutoring/supplemental instruction |  |  |
| Expedited evaluation of strengths/needs |  |  |
| Staff professional development and awareness |  |  |
| Referral to medical, dental and other health services  |  |  |
| Transportation assistance |  |  |
| Early childhood education programs  |  |  |
| Before-school, after-school, mentoring, summer programs |  |  |
| Obtaining or transferring records necessary for enrollment  |  |  |
| Parent education related to rights and resources for children |  |  |
| Coordination between schools and agencies |  |  |
| Counseling |  |  |
| Addressing needs related to domestic violence |  |  |
| Clothing to meet a school requirement |  |  |
| School supplies |  |  |
| Referral to other programs and services |  |  |
| Emergency assistance related to school attendance |  |  |
| Other (optional) |  |  |

**D. Original grant program evaluation 25 POINTS TOTAL (Limit to 3 double-spaced pages.)**

 **D-1 Description of Authorized Activities 10 POINTS**

Provide a brief narrative describing the reasoning (e.g. deficiencies in student achievement data, asset shortages, survey of expressed needs) that led to the implemented **authorized activities** carried out under this program as proposed in the original grant application for funding.

**D-2 Overall Evaluation of the Original Grant 15 POINTS**

Provide a detailed description of the overall success or lack of success of the original EHCY grant implementation.

* + - Discuss any areas that were particularly successful and the rationale for that success.
		- Discuss any areas that were not as successful as planned and the rationale for this occurrence.
		- Describe the challenges experienced in implementation, coordination, and/or administration of the original grant proposal and how these issues were resolved.
	+ Describe efforts to address the most frequently identified barriers indicated in the original EHCY grant application.
1. **FY15 Continuation Request**

**A. Continuation Activities 25 POINTS TOTAL**

 **(Limit to 3 double-spaced pages.)**

**A-1 Review and Assess Needs 15 POINTS**

Describe the process that has been used to review and reassess the needs of the homeless children and youth in your LEA and how that has impacted the identification of services for the FY15 continuation grant year.

**A-2 grant continuation activities 10 POINTS**

Describe the current activities to be continued, including any changes in them, and the plan for any new or additional activity(ies) proposed for the FY15 continuation grant year.

**B. Program Coordination 20 POINTS TOTAL**

**(Limit to 2 double-spaced pages.)**

Describe the current program coordination activities to be continued, including any changes to be done, and the plan for any new or additional coordination activity(ies) proposed for the FY15 continuation grant year. Include individuals, agencies and programs to be involved and the nature of the involvement of each.

Describe a clear process to evaluate the coordinating agency’s services and the process to be used to evaluate those services for the FY15 continuation grant year and include a detailed description of the coordination of the homeless program with Title I, Part A services.

**C. FISCAL RESPONSIBILITY 30 POINTS TOTAL**

**Reminder: Maximum Grant is $70,000. Do not budget for more than this amount.**

GaDOE reserves the right to adjust budget requests in accordance with the quality and identified needs as reported in this FY15 EHCY Grants to LEAs Evaluation and Continuation Report.

**C-1 Budget Narrative FOR THE FY15 EHCY CONTINUATION GRANT FUNDING 20 POINTS**

Provide a detailed budget narrative that clearly explains the expenditures anticipated for the FY15 grant year. Each expenditure must be related to the original grant application and supported by the most recent needs assessment. **(Limit to 4 double-spaced pages.)**

**C-2 Budget SUMMARY AND SCHEDULE OF EXPENSES FOR THE fY15 EHCY CONTINUATION GRANT FUNDING 10 POINTS**

Attach a complete budget summary and detail form with function and object codes in accordance with the acceptable uses of McKinney-Vento funds and GaDOE’s Chart of Accounts**.**

**\*Budget form may be retrieved from the GaDOE Website:** [http://www.gadoe.org/School-Improvement/Federal-Programs/Pages/EHCY-Grant-Application.aspx](https://www.gadoe.org/School-Improvement/Federal-Programs/Pages/EHCY-Grant-Application.aspx)

**C. ASSURANCES**

By checking the box beside each statement and by affixing my signature to these Assurances, I certify that I have read each and agree to be held accountable for the content of each of the following statements:

 [ ]  The applicant certifies that it complies with or will use requested funds to come into compliance with paragraphs (3) through (7) of Section 722(g), Title X, Part C McKinney-Vento.

 [ ]  The applicant certifies that assistance under this grant will supplement and not supplant current federal, state or local funds used to provide services to homeless children and youth.

 [ ]  The applicant certifies that activities carried out by the applicant will not isolate or stigmatize homeless children and youth.

I am authorized to sign and submit this application on behalf of the applicant. My signature certifies that all information included in the application is accurate. I understand that all information submitted is subject to verification. I understand that the information contained here may be made available for public inspection and/or photocopying. I understand that submission of false or inaccurate information constitutes a felony and will disqualify the LEA from receiving the Education for Homeless Children and Youth Grant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEA Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Authorized Representative Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative Date

***(Please sign in blue ink only)***