

**ATTACHMENT 3**  
**FLORIDA DEPARTMENT OF EDUCATION**  
**PROJECT APPLICATION**

<b>TAPS Number</b>
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<b>Please return to:</b>  Florida Department of Education Office of Grants Management Room Turlington Building 325 West Gaines Street Tallahassee, Florida 32399-0400 Telephone: (850) Suncom:	<b>A) Program Name:</b>  Title X, Education for Homeless Children and Youth Program Project Applications	<b>DOE USE ONLY</b>  Date Received
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<b>B) Name and Address of Eligible Applicant:</b>  School District of Clay County Project REACH Kids 900 Walnut Street Green Cove Springs, Fl. 32043	<b>Project Number (DOE Assigned)</b>
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<b>C) Total Funds Requested:</b>  \$ 82,000  <hr style="width: 200px; margin-left: 0;"/> <p style="text-align: center;"><b>DOE USE ONLY</b></p> <b>Total Approved Project:</b>  \$	<b>D) Applicant Contact Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <b>Contact Name:</b>                      Norma Martin                 </td> <td style="width: 50%;"> <b>Mailing Address:</b>                      800 Walnut Street                      Green Cove Springs, Fl. 32043                 </td> </tr> <tr> <td> <b>Telephone Number:</b>                      904-284-6511                 </td> <td> <b>SunCom Number:</b>                      835-1577                 </td> </tr> <tr> <td> <b>Fax Number:</b>                      904-529-2170                 </td> <td> <b>E-mail Address:</b>                      nmartin@mail.clay.k12.fl.us                 </td> </tr> </table>	<b>Contact Name:</b> Norma Martin	<b>Mailing Address:</b> 800 Walnut Street Green Cove Springs, Fl. 32043	<b>Telephone Number:</b> 904-284-6511	<b>SunCom Number:</b> 835-1577	<b>Fax Number:</b> 904-529-2170	<b>E-mail Address:</b> nmartin@mail.clay.k12.fl.us
<b>Contact Name:</b> Norma Martin	<b>Mailing Address:</b> 800 Walnut Street Green Cove Springs, Fl. 32043						
<b>Telephone Number:</b> 904-284-6511	<b>SunCom Number:</b> 835-1577						
<b>Fax Number:</b> 904-529-2170	<b>E-mail Address:</b> nmartin@mail.clay.k12.fl.us						

**CERTIFICATION**

I, \_\_\_\_\_, *(Please Type Name)* do hereby certify that all facts, figures, and representations made in this application are true, correct, and consistent with the statement of general assurances and specific programmatic assurances for this project. Furthermore, all applicable statutes, regulations, and procedures; administrative and programmatic requirements; and procedures for fiscal control and maintenance of records will be implemented to ensure proper accountability for the expenditure of funds on this project. All records necessary to substantiate these requirements will be available for review by appropriate state and federal staff. I further certify that all expenditures will be obligated on or after the effective date and prior to the termination date of the project. Disbursements will be reported only as appropriate to this project, and will not be used for matching funds on this or any special project, where prohibited.

Further, I understand that it is the responsibility of the agency head to obtain from its governing body the authorization for the submission of this application.

**E)** \_\_\_\_\_  
 Signature of Agency Head



## ATTACHMENT 3

### Instructions for Completion of DOE 100A

- A.** If not pre-printed, enter name of the program for which funds are requested.
  - B.** Enter name and mailing address of eligible applicant. The applicant is the public or non-public entity receiving funds to carry out the purpose of the project.
  - C.** Enter the total amount of funds requested for this project.
  - D.** Enter requested information for the applicant's contact person. This is the person responsible for responding to all questions regarding information included in this application.
  - E.** **The original signature of the appropriate agency head is required.** The agency head is the school district superintendent, university or community college president, state agency commissioner or secretary, or the president/chairman of the Board for other eligible applicants.
- **Note:** Applications signed by officials other than the appropriate agency head identified above must have a letter signed by the agency head, or documentation citing action of the governing body delegating authority to the person to sign on behalf of said official. Attach the letter or documentation to the DOE 100A when the application is submitted.



# ATTACHMENT 3

## Instructions

### Budget Narrative Form

This form should be completed based on the instructions outlined below, unless instructed otherwise in the Request for Proposal (RFP) or Request for Application (RFA).

A. Enter Name of Eligible Recipient.

B. (DOE USE ONLY)

COLUMN 1

FUNCTION: SCHOOL DISTRICTS ONLY:

Use the four digit function codes as required in the Financial and Program Cost Accounting and Reporting for Florida Schools Manual.

COLUMN 2

OBJECT: SCHOOL DISTRICTS:

Use the three digit object codes as required in the Financial and Program Cost Accounting and Reporting for Florida Schools Manual.

COMMUNITY COLLEGES:

Use the first three digits of the object codes listed in the Accounting Manual for Florida's Public Community Colleges.

UNIVERSITIES AND STATE AGENCIES:

Use the first three digits of the object codes listed in the Florida Accounting Information Resource Manual.

OTHER AGENCIES:

Use the object codes as required in the agency's expenditure chart of accounts.

COLUMN 3 - ALL APPLICANTS:

ACCOUNT TITLE: Use the account title that applies to the object code listed in accordance with the agency's accounting system.

NARRATIVE: Provide a detailed narrative for each object code listed. For example:

**SALARIES** - describe the type(s) of positions requested. Use a separate line to describe each type of position.

**OTHER PERSONAL SERVICES** – describe the type of service(s) and an estimated number of hours for each type of position. OPS is defined as compensation paid to persons, including substitute teachers not under contract, who are employed to provide temporary services to the program.

**PROFESSIONAL/TECHNICAL SERVICES** - describe services rendered by personnel, other than agency personnel employees, who provide specialized skills and knowledge.

**CONTRACTUAL SERVICES AND/OR INTER-AGENCY AGREEMENTS** - provide the agency name and description of the service(s) to be rendered.

**TRAVEL** - provide a description of each type of travel to be supported with project funds, such as conference(s), in district or out of district, and out of state. Do not list individual names. List individual position(s) when travel funds are being requested to perform necessary activities.

- **CAPITAL OUTLAY** - provide the type of items/equipment to be purchased with project funds.
- **INDIRECT COST** - provide the percentage rate being used. Use the current approved rate. (Reference the DOE Green Book for additional guidance regarding indirect cost.)

COLUMN 4 – MUST BE COMPLETED FOR ALL SALARIES AND OTHER PERSONAL SERVICES.

**FTE** - Indicate the Full Time Equivalent (FTE based on the standard workweek for the type of position) number of positions to be funded. Determine FTE by dividing the standard number of weekly hours (e.g., 35 hours) for the type of position (e.g., teacher aide) into the actual work hours to be funded by the project.

COLUMN 5

**AMOUNT** - Provide the budget amount requested for each object code.

C. **TOTAL** - Provide the total for Column (4) on the last page. Must be the same amount as requested on the DOE-100A or B.



**ATTACHMENT 3**

**FLORIDA DEPARTMENT OF EDUCATION  
BUDGET NARRATIVE FORM**

(1) FUNCTION	(2) OBJECT	(3) ACCOUNT TITLE AND NARRATIVE	(4) FTE POSITION	(5) AMOUNT
5100	120	Certified Teacher/Tutor  (Tutoring In Community)  Title 1 will cover shelter and group home tutoring and parent education)	0.500	\$26,500
5100	210	Retirement	0.000	<b>1,958.00</b>
5100	220	Social Security	0.000	<b>2,028.00</b>
5100	330	Travel for Tutors	0.000	<b>\$1,000</b>
5100	390	Fees for Extra-Curricular Activities – Direct Services to Students (Field trips, year books, pictures)	0.000	<b>\$1,000</b>
5100	510	Supplies (Community Resource Day, Shelter Programs, Community Awareness, School Supply Give-Away Day)	0.000	<b>\$2,099</b>
5100	692	Software Less than \$500 (Software for Tutor related computer programs)	0.000	<b>\$1,000</b>
6100	160	Paraprofessional Outreach Liasion	1.000	<b>28,500.00</b>
6100	210	Retirement	0.000	<b>\$2,107.00</b>
6100	220	Social Security	0.000	<b>\$2,181.00</b>
6100	230	Group Insurance	0.000	<b>\$3,806.00</b>
6100	370	Communications: Cellular Telephones for Coordinators and Paraprofessional Liasion	0.000	<b>\$2,000</b>
6130	310	Health Services for Students (Dental and Doctor)	0.000	<b>\$1,500</b>
6150	510	Supplies/Parent Involvement	0.000	<b>\$2,000</b>
6400	330	Travel	0.000	<b>\$1,500</b>
7200	790	Indirect Cost	0.00	<b>\$2,821</b>
<b>C) TOTAL</b>				<b>\$82,000</b>



**ATTACHMENT 3**

A) \_\_\_\_\_  
Name of Eligible Recipient:

B) \_\_\_\_\_  
Project Number: (DOE USE ONLY)

**TAPS Number**



**ATTACHMENT 3**  
**Title X, Education for Homeless Children and Youth Program**  
**Project Application Plan**  
**School Year 2007-2008**

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- 1 Name of District: Clay County School Board**
  
  - 2. Name of Title X Subgrant Project Director:**
  
  - 3. E-mail of Title X Subgrant Project Director: nmartin@mail.clay.k12.fl.us**
  
  - 4. Phone Number of Title X Subgrant Project Director: (904) 284-6511**
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**Instructions**

Please refer to the information in your 2006-2007 Title X, Education for Homeless Children and Youth Program Project Application to complete the following pages. To complete goals, objectives, activities, timelines, indicators, and deliverables, please review last year's application and update the information with 2007-2008 timelines. A Sample Project Application Plan is attached. This form should be submitted to the Department of Education Grants Management Office, along with the DOE 100A and DOE 101 forms.

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**Title X, Education for Homeless Children and Youth Program  
Project Application Plan  
School Year 2007-2008**

**DISTRICT NAME: Clay**

**GOAL 1: Identify and Ensure Enrollment and Attendance of Homeless Students.**

**Objective: 1.0: *To ensure 100% of identified students will have equal access to public education.***

**Activity 1: Ensure homeless students are enrolled within 24 hours.**

**Timeline: On-going through June 30, 2008**

**Indicators:**

\*Number/Percent of Homeless Students Enrolled in School

\*Weekly visits to shelter/transitional group homes

\*Parent will be contacted by Project REACH staff upon enrollment to receive parent packet to include parental rights under McKinney-Vento

**Deliverables:**

\*Parent Information Pack

\*Project REACH brochure

\*Parent Involvement/Educational tools given to parents

\*NCHE posters available at each school site

\*Data base to identify and track students

**Activity 2: Educate all school staff to better identify homeless students.**

**Timeline: Initial visits during first semester, On-Going as needed through June 30, 2008**

**Indicators:**

\*Project personnel to meet individually with each school to educate school personnel in the identification of homeless students

\*Referrals of homeless students to school social workers

\*Proper coding of TERMS 316 (Homeless Panel)

\*Monthly comparison of Project REACH data base and district TERMS 316

**Deliverables:**

\*Verification form completed

\*TERMS 316 and data base correlated monthly

**Activity 3: Personnel will visit shelters and group transitional homes weekly.**

**Timeline: On-going through June 30, 2008**

**Indicators:**

\*Log of weekly visits

\*New residents registered within 48 hours

**Deliverables:**

\*Log of contacts made

**Title X, Education for Homeless Children and Youth Program  
Project Application Plan  
School Year 2007-2008**

<b>GOAL 1: Identify and Ensure Enrollment and Attendance of Homeless Students.</b>
<b>Objective: 1.0: <i>To ensure 100% of identified students will have equal access to public education.</i></b>
<b>Activity 4: Provide fees for birth certificates and documents, immunizations, and physicals as needed.</b>
<b>Timeline: On-Going through June 30, 2008</b>
<b>Indicators:</b> *Number and Amount of Fees Provided by Item *Schools knowledgeable about 30 day waiver
<b>Deliverables:</b> *Fees Provided for Birth Certificates and Documents, Immunizations, and Physicals
<b>Activity 5: Attendance to be monitored; interventions made as needed.</b>
<b>Timeline: On-going through June 30, 2008</b>
<b>Indicators:</b> *Monthly Review of Attendance Data *ACCESS Data Base Information *Attendance Team Referrals
<b>Deliverables:</b> *TERMS/ACCESS Data *Attental Referral Form



**Title X, Education for Homeless Children and Youth Program  
Project Application Plan  
School Year 2007-2008**

**DISTRICT NAME: Clay**

**GOAL 2: Facilitate Transportation Needs of Homeless Students.**

**Objective: 1.0: *Identify, Explore, and Provide Transportation Options for Homeless Students.***

**Activity 1: Meet with Parents to Access Transportation Needs.**

**Timeline: On-Going through June 30, 2008**

**Indicators:**

- \*Parents are provided with McKinney-Vento rights regarding school of origin
- \*Refer to Transportation Department as Requested
- \*Provide other transportation options. ( i.e. gas cards)
- \*Number of Transportation Requests
- \*Project Personnel to Meet with Parents at Shelter/s

**Deliverables:**

- \*Transportation requests on file
- \*Receipt for gas cards
- \*Receipt for public transportation on file
- \*ACCESS data base to track Transportation requests
- \*Log of Shelter Visits

**Activity 2: Project Personnel to Meet with Parents to Explore Transportation Needs.**

**Timeline: Upon Identification and On-Going through June 30, 2008**

**Indicators:**

- \*Project Personnel will attempt contact within 24 hours of identification
- \*Request for transportation services

**Deliverables:**

- \*Daily log of Parental Consultation
- \*Transportation Request on File

**Activity 3: Coordination of Services with District Transportation Department.**

**Timeline: August 2007 and On-Going through June 30, 2008**

**Indicators:**

- \*Number/Percent of Transportation Assistance

**Deliverables:**

- \*ACCESS data base tracking of Transportation Services
- \*Transportation request on file
- \*Designation of contact person at Transportation Department

**Title X, Education for Homeless Children and Youth Program  
Project Application Plan  
School Year 2007-2008**

**DISTRICT NAME: Clay**

**GOAL 3: Enroll Eligible Homeless Students in Free-Meal Program.**

**Objective: 1.0: *100% of Identified Students will Receive Free Meals within 24 hours of Identification.***

**Activity 1: Daily List Submitted to Food Services of Eligible Students.**

**Timeline: Daily and On-Going through June 30, 2008**

**Indicators:**

**\*Number/Percent of Homeless Students who had access to free meals**

**\*Number/Percent of Homeless Students who actually were enrolled compared to those who were eligible**

**Deliverables:**

**\*Free Meals for Eligible Homeless Students**

**\*Log of Food Service Request for Free Meals**

**\*ACCESS tracking of food services provided**

**Activity 2: Collaborate with each School Site to Provide Guidance to free meal delivery to Homeless Students.**

**Timeline: August 2007 and On-Going through June 30, 2008**

**Indicators:**

**\*Percent of Homeless on Free Lunch**

**\*Referrals for Free Meals**

**Deliverables:**

**\*Log of Food Service Requests for Free Meals**

**\*Correspondence and Log of School Contacts re: Free Meals**

**Title X, Education for Homeless Children and Youth Program  
Project Application Plan  
School Year 2007-2008**

**DISTRICT NAME: Clay**

<b>GOAL 4: Increase Academic Achievement through Tutoring.</b>
<b>Objective: 1.0: <i>Provide Tutoring Services as Needed to Homeless Students.</i></b>
<b>Activity 1: Provide initial individual training to all Project REACH tutors.</b>
<b>Timeline: Upon Hire and On-Going through June 30, 2008</b>
<b>Indicators:</b> *Staff Will Meet Individually with State Certified Teachers *Project Personnel will Provide Training on Special Needs of Homeless Students
<b>Deliverables:</b> *Contact Logs. *Training Manual.
<b>Activity 2: Provide Tutoring Services to Students Referred for Academic Difficulties.</b>
<b>Timeline: As Requested and On-Going through June 30, 2008</b>
<b>Indicators:</b> *Percent of Referred Students who Received Tutoring
<b>Deliverables:</b> *Report Cards & Project REACH Progress Notes *ACCESS data base tracking of Tutoring Services *Comparison of Standardized Testing
<b>Activity 3: Provide Parents with Educational Information to Assist with Parent Involvement.</b>
<b>Timeline: On-Going through June 30, 2008</b>
<b>Indicators:</b> *Percent of Parents Receiving Parent Involvement Material *Percent of Families Requesting Additional Educational Information or Tutoring
<b>Deliverables:</b> *Log of Daily Contact *Parent Educator Log
<b>Activity 4: Provide Parent Education at Domestic Violence Shelter and Transitional Group Homes.</b>
<b>Timeline: On-Going through June 30, 2008</b>
<b>Indicators:</b> *Number of Parents Receiving Parent Education at Shelter/Homes *Number of Staff Receiving Assistance and/or Education at Shelter/Homes

**Title X, Education for Homeless Children and Youth Program  
Project Application Plan  
School Year 2007-2008**

**GOAL 4: Increase Academic Achievement through Tutoring.**

**Objective: 1.0: *Provide Tutoring Services as Needed to Homeless Students.***

**Deliverables:**

- \*Parent Education Packet**
- \*McKinney-Vento Information**
- \*Enrollment Packet**
- \*Contact Log**

**Title X, Education for Homeless Children and Youth Program  
Project Application Plan  
School Year 2007-2008**

**DISTRICT NAME: Clay**

**GOAL 5: Professional Development of Coordinators and School Staff.**

**Objective: 1.0: *To Educate and Raise Awareness of Homelessness and Program Services.***

**Activity 1: Provide Program Information to District Staff.**

**Timeline: August 2007 and On-Going through June 30, 2008**

**Indicators:**

- \*Percent of School Receiving Program Service Information
- \*Percent of Schools Receiving Individual On-Site Visits
- \*Number of School Contacts Made

**Deliverables:**

- \*NCHE Posters at each School Site
- \*Policy/Procedure Manual
- \*Program Brochure
- \*Log of Visits
- \*Sign In Sheet
- \*Correspondence Record

**Activity 2: Provide Bi-Monthly Program Updates to Student Service Department.**

**Timeline: Bi-Monthly**

**Indicators:**

- \*Number of Student Service Staff Present

**Deliverables:**

- \*Minutes of Meetings
- \*Project REACH Policy/Procedure Manual

**Activity 3: Educational Updates for Coordinators.**

**Timeline: Bi-Monthly Teleconferences, October 2007 State Conference, and Updates as Available through June 30, 2008**

**Indicators:**

- \*Attendance at FDOE sponsored workshops
- \*Participation in bi-monthly conference calls
- \*Number of Contacts with FDOE Homeless Coordinator

**Deliverables:**

- \*Registration Forms
- \*Minutes of Conference Calls
- \*Documented Contacts on File

**Title X, Education for Homeless Children and Youth Program  
Project Application Plan  
School Year 2007-2008**

**DISTRICT NAME: Clay**

**GOAL 6: Program Coordination with Title 1 Office**

**Objective: 1.0:** *Collaborate with Title 1, Part A staff to ensure Title 1, Part A application and plan include set-aside funds for eligible services to homeless students.*

**Activity 1: Coordinate Set-Aside Funding to Provide Tutoring.**

**Timeline: August 2007 and On-Going through June 30, 2008**

**Indicators:**

- \*Percent of Funding Set-Aside for Services to Homeless Students
- \*Number of Students Receiving Tutoring under Set-Aside Funds

**Deliverables:**

- \*Budgeted Funds
- \*Lesson Plans and Progress Reports
- \*Time Sheets

**Activity 2: Designation of Set-Aside Funds.**

**Timeline: August 2007 and On-Going through June 30, 2008**

**Indicators:**

- \*Percent of Funds Utilized for Tutoring/Parent Education
- \*Percent of Funds Utilized for Supplies & Parent Involvement Materials

**Deliverables:**

- \*Supply List
- \*Budget
- \*Parent Involvement Packets

**Activity 3: Parent Education Provided through Set-Aside Funding.**

**Timeline: On-Going through June 30, 2008**

**Indicators:**

- \*Percent of Funding for Parent Education

**Deliverables:**

- \*Contact Sheets
- \*Time Sheets
- \*Budget
- \*Quarterly Mailing to Parent to Include Parent Involvement/Educational Tools