

Dr. John D. Barge, State School Superintendent *"Making Education Work for All Georgians"*

FY14

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 a	above)
City	Zip
Homeless Liaison Name	Liaison E-mail
Liaison Mailing Address	
	Zip
Name of Project Coordinator (if other t	Liaison Fax
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Georgia Department of Education (GaDOE) FY14 Education for Homeless Children and Youth (EHCY) Evaluation and Continuation Report

GaDOE is required to review and evaluate, annually, the progress of local McKinney-Vento EHCY grantees in neeting the objectives of the program. This review and evaluation supports the awarding of continuation grant funds o 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:

- 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 Wednesday, May 22, 2013.
- EHCY Evaluation and Continuation Report: The FY14 EHCY Evaluation and Continuation Report with the original signature of the LEA superintendent must be received by GaDOE on or before Wednesday, May 22, 2013 4:00 p.m.

Please see the **FY14 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 copy and 5 copies must be submitted to GaDOE on or before Wednesday, May 22, 2013.

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 22, 2013.

Personal Delivery/Overnight Mailing Address: Joanna Johnson McKinney-Vento Homeless Education Program Georgia Department of Education 205 Jesse Hill Jr. Drive 1866 Twin Towers East Atlanta, GA 30334

I. 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 FY13 academic school year disaggregated by grade level groups.

FY13 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		

B. PARTICIPATING SCHOOLS FOR THE FY13 EHCY GRANT YEAR

List the schools in which homeless students were **enrolled and attended during the FY13 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.

			C	Designatio	n		Sta	atus		
		# of HCY Enrolled	Title I		2012-2013				T	
			NON	ТА	SWP	PS	FS	AS	Ν	Se Pr
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
	Total	0	0	0	0	0	0	0		

Georgia Department of Education (GaDOE) FY14 Education for Homeless Children and Youth (EHCY) **Evaluation and Continuation Report** C. AUTHORIZED ACTIVITIES FOR THE FY13 EHCY GRANT PERIOD

Indicate on the chart below:

- The number of homeless children and youth served during the FY13 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. FY13 EHCY GRANT PROGRAM EVALUATION **25 POINTS TOTAL**

(Limit to 3 double-spaced pages.)

D-1 Evaluation of Authorized Activities

Provide a brief narrative evaluating the authorized activities carried out under this program as proposed in your FY13 EHCY application for funding.

D-2 Overall Evaluation of the FY13 Grant

Provide a detailed description of the overall success or lack of success of your FY13 EHCY grant. (Please refer to your original grant proposal when addressing the following areas.)

- 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 FY13 EHCY grant and how these issues were resolved.
- Describe efforts to address the most frequently identified barriers indicated in the original FY13 EHCY grant application.

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15 POINTS

10 POINTS

II. FY14 CONTINUATION REQUEST

A. CONTINUATION ACTIVITIES

(Limit to 3 double-spaced pages.)

A-1 REVIEW AND ASSESS NEEDS

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 FY14 continuation grant year.

A-2 GRANT CONTINUATION ACTIVITIES

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 FY14 continuation grant year.

B. PROGRAM COORDINATION

(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 activity(ies) proposed for the FY14 continuation grant year. Include individuals, agencies and programs to be involved and the nature of the involvement of each.

Describe the process to be used to evaluate the coordinating agencies' services for the continuation grant year (FY14) and include a detailed description of the coordination of the homeless program with Title I, Part A services.

C. FISCAL RESPONSIBILITY

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 identities the result of the res

(GaDOE reserves the right to adjust budget requests in accordance with the quality and identified needs as reported in this FY14 EHCY Grants to LEAs Evaluation and Continuation Report.

C-1 BUDGET NARRATIVE FOR THE FY14 EHCY CONTINUATION GRANT FUNDING 20 POINTS

Provide a detailed narrative that clearly explains the expenditures anticipated for the FY14 grant year is provided. Each expenditure is 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 FY14 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 @ <u>http://www.gadoe.org/School-Improvement/Federal-Programs/Pages/EHCY-Grant-Application.aspx</u>

25 POINTS TOTAL

15 POINTS

10 POINTS

20 POINTS TOTAL

30 POINTS TOTAL

Georgia Department of Education (GaDOE) FY14 Education for Homeless Children and Youth (EHCY) Evaluation and Continuation Report

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 VII-B, 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.
The applicant certifies that an annual Evaluation and Continuation Report, including the Budget Summary form, will be submitted to GaDOE for each grant year.

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 (*Please sign in blue ink only*)

Date