



# Opportunity Funding for Mental Health Services

For more information and to submit applications:

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Funding Period: Fiscal Year 2021

**Delaware Department of Education  
Opportunity Funding Form  
2020-2021 School Year**

Opportunity Funding  
*Directed funds for mental health services for students identified as  
low-income or English Learners*

**Application deadline: Friday, July 31, 2020**

**Purpose:** The Opportunity Funding directed to mental health services provides \$5.0 million in FY20, \$2.5 million in HB 225 (Annual Appropriations Act) and \$2.5 million authorized in HB 226 (One-Time Supplemental). With a total supplemental amount of \$7.5 million over three years, the total amount will be \$15 million *contingent on future appropriations*. The Opportunity Fund is to provide additional funding for English Learner (EL) and low-income students.

For FY21, \$2.5 million is appropriated through HB 240 (Annual Appropriations Act). The guiding language regarding these funds and eligibility was amended through HB260 (Grants- In-Aid Act). The \$2.5 million allocated is supplemented with the \$2.5 million from HB 226 as referenced above. A total of \$5 million is appropriated for FY21.

These funds continue to be apportioned to schools which qualify for a Reading Interventionist under the Student Success Block Grant.

This funding shall be used by school districts and charter schools for *mental health services* in the form of school counselors, school social workers or licensed clinical social workers, school psychologists, and/or for additional reading supports for grades K-5. Services may include the employment of staff, where such funding may be used to cover 100 percent of personnel costs on a 10 to 12-month basis and/or contracted services.

**Allocation Method:** Amounts vary per school and that amount is indicated below. Each LEA has already received the first half of the funding; the second amount will be released upon receipt and approval of this application.

DISTRICT/CHARTER NAME: Colonial School District - Castle Hills Elementary School
ADDRESS: 502 Moores Lane, New Castle, DE 19720
CONTACT NAME: Janissa Nuneville
CONTACT PHONE: 302-323-2915
CONTACT EMAIL: janissa.nuneville@colonial.k12.de.us
ALLOCATION AMOUNT: \$125,495

**Questions:**

1. What mental health needs of your identified low-income and English learner students will you be addressing through these mental health services funds?  
*(Please indicate N/A if these funds are solely being used for reading supports for the two subgroups – EL and low-income.)*

N/A

2. What kind of mental health services personnel are you hiring or contracting (school counselor, school social worker, licensed clinical social worker or school psychologist)?

Reading Interventionist

3. Are you using these funds for reading supports for your identified low-income and English learner students in addition to mental health services or in lieu of mental health services? If so, what types of supports/services will be provided?

In lieu of mental health services. The reading interventionist will work with small groups of primarily EL and low income students on specific areas of need as determined by the available assessment data. These groups can be done via push-in or pull-out as determined by the school and classroom schedule and logistics.

4. How will you know if these services or supports are effective?

Colonial School District will know the supports and services are effective by analyzing the benchmark data and progress monitoring of students, checking for growth within select skills and movement on the stairway to proficiency. The growth of the student can be measured through various sub skills identified by the assessment, or by analyzing the overall composite score.

5. Is this money being used to contract services?

YES ☐ NO ☒

6. Please complete the State Funds Budget Form and State Budget Summary Form (attached).

**Assurances and signatures:**

As the chief school officer of the district or school, including the indicated school, I am authorized to submit for the funds identified in this form. I am also authorized to obligate the district or charter school to conduct any activity approved under this form in accordance with all applicable state requirements, including statutory and regulatory requirements, and program specific requirements. The information contained in it is true and correct to the best of my knowledge and belief. By submitting this form, I acknowledge that I understand and agree to abide by all applicable requirements. I further agree that

1. I understand that this funding may not be used to supplant otherwise available funding.
2. I understand that our district shall be authorized to assess a local match to provide for the local contribution of personnel costs associated with this appropriation (districts only).

**Chief School Officer (printed name):** Jeffrey D. Menzer

Signature: Jeffrey D. Menzer

Date: 09/01/2020

As the business manager of the district or school, including the indicated school, I am authorized to submit for the funds identified in this form. I have read this form and reviewed the financial information contained in this form. The information contained in this form is true and correct to the best of my knowledge and belief. I have reviewed and approve the submission of the budgetary information for this form. By submitting this form, I acknowledge that I understand and agree to abide by all applicable requirements. I further agree that

1. I understand that this funding may not be used to supplant otherwise available funding.
2. I understand that our district shall be authorized to assess a local match to provide for the local contribution of personnel costs associated with this appropriation (districts only).

**Business manager (printed name):** Emily Falcon

Signature: Emily Falcon

Date: 09/01/2020

By signing this form, I am approving the plan submitted by the district or charter.

**Secretary of Education/Designee (printed name):** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Completed Document Audit Report  
Completed with Docsketch.com






Title: oppfun\_mentalhealth\_2020\_21\_colonial\_castle\_hills\_e

Document ID: 7fc5321d-5596-4d5d-92ef-b11852775287

## Files

oppfun_mentalhealth_2020_21_colonial_wilmingtonmanor_e.pdf	Sep 01, 2020 15:41:13 UTC
oppfun_mentalhealth_2020_21_colonial_eisenberg_e.pdf	Sep 01, 2020 15:41:13 UTC
oppfun_mentalhealth_2020_21_colonial_pleasantville_e.pdf	Sep 01, 2020 15:41:14 UTC
oppfun_mentalhealth_2020_21_colonial_castle_hills_e.pdf	Sep 01, 2020 15:41:13 UTC
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## Activity

 Lisa Porter IP: 71.58.7.101	sent the document to emily.falcon@colonial.k12.de.us and jeffrey.menzer@colonial.k12.de.us	Sep 01, 2020 15:51:00 UTC
 Emily Falcon IP: 167.21.142.26	first viewed the document	Sep 01, 2020 19:33:38 UTC
 Emily Falcon IP: 167.21.142.26	signed the document	Sep 01, 2020 19:34:00 UTC
 Jeffrey D. Menzer IP: 73.81.208.72	first viewed the document	Sep 01, 2020 20:13:01 UTC
 Jeffrey D. Menzer IP: 73.81.208.72	signed the document	Sep 01, 2020 20:18:08 UTC



# State of Delaware Department of Education State Funds Budget Form

State Subgrant: Opportunity Funds  
 Project Title: Reading and Mental Health  
 LEA/Agency: Colonial - Castle Hills

Project Start Date: 8/24/2020  
 Project End Date: 6/17/2021

Expense Types and Account Codes: Salaries (5100) and Other Employee Costs (5120)						
Employee Name	Title	FTE Percentage		State Funds Requested	Matching Funds	Total Funds
<b>PROFESSIONAL:</b>				\$	\$	\$
Bufano, Jennifer	Reading Intervention	100%		\$84,146.00		\$84,146.00
Professional Subtotal				\$84,146.00		\$84,146.00
<b>SUBSTITUTES:</b>				\$	\$	\$
Substitutes Subtotal						
<b>SUPPORT STAFF:</b>				\$	\$	\$
Support Staff Subtotal						
<b>STUDENTS:</b>				\$	\$	\$
Students Subtotal						
<b>SALARY TOTAL:</b>				\$84,146.00		\$84,146.00
<b>OTHER EMPLOYEE COSTS:</b>				\$	\$	\$
FICA		6.20%		\$5,217.05		\$5,217.05
Medicare		1.45%		\$1,220.12		\$1,220.12
Pension		22.95%		\$19,311.51		\$19,311.51
Workman's Comp		1.55%		\$1,304.26		\$1,304.26
Unemployment Insurance		0.11%		\$92.56		\$92.56
		32.26%				
Health Insurance/Other Non-taxed Benefits				\$15,013.00		
<b>OEC TOTAL:</b>				\$41,349.00	\$832.74	\$42,181.74
<b>SALARY AND OEC TOTAL:</b>				\$125,495.00	\$832.74	\$126,327.74



**State of Delaware  
Department of Education  
State Funds Budget Form**

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**LEA/Agency:** Colonial - Castle Hills

**Project Start Date:** 8/24/2020  
**Project End Date:** 6/17/2021

Expense Types and Account Codes: Travel (5400)					
Destination	Purpose	# of Travelers	State Funds Requested	Matching Funds	Total Funds
			\$	\$	\$
TOTAL TRAVEL COSTS					

Expense Types and Account Codes: Contractual Services (5500)				
Vendor Name	Service Provided	State Funds Requested	Matching Funds	Total Funds
		\$	\$	\$
TOTAL CONTRACTUAL SERVICES COSTS				

Expense Types and Account Codes: Supplies and Materials (5600)					
Item Description	Quantity	Unit Price	State Funds Requested	Matching Funds	Total Funds
			\$	\$	\$
TOTAL SUPPLIES AND MATERIALS COSTS					



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State Subgrant: Opportunity Funds  
Project Title: Reading and Mental Health  
LEA/Agency: Colonial - Castle Hills

Project Start Date: 8/24/2020  
Project End Date: 6/17/2021

Expense Types and Account Codes: Capital Outlay (5700)					
Item Description	Quantity	Unit Price	State Funds Requested	Matching Funds	Total Funds
<u>Replacement Equipment</u>			\$	\$	\$
<u>New Equipment</u>					
TOTAL SUPPLIES AND MATERIALS COSTS					

GRAND TOTAL	State Funds Requested	Matching Funds	Total Funds
	\$125,495.00	\$832.74	\$126,327.74



STATE OF DELAWARE  
DEPARTMENT OF EDUCATION

*BUDGET SUMMARY OF STATE FUNDS*

LEA/Agency Name: Colonial - Castle Hills

State Subgrant Title: Opportunity Funds

Project Title: Reading and Mental Health

<i>Account Code</i>	<i>5100</i>	<i>5120</i>	<i>5400</i>	<i>5500</i>	<i>5600</i>	<i>5700</i>	<i>Total</i>
<i>Account Code Name</i>	<i>Salaries</i>	<i>OEC's</i>	<i>Travel</i>	<i>Contracted Services</i>	<i>Supplies &amp; Materials</i>	<i>Capital Outlay</i>	<i>Budget</i>
<i>Total Budget</i>	\$81,446.00	\$44,019.00					\$125,465.00

Completed By:

*Emily Falcon*

Date:

*9-25-20*

Chief Financial Officer or Business Manager:

*[Signature]*

Date:

*9-29-20*