Attachment C

Superintendent’s Memo #125-20

May 29, 2020

# **MCKINNEY-VENTO NON-SUBGRANT APPLICATION – 2020**

**Amount of Funding Requested**

**School Division Number**

**School Division Name**

**School Division DUNS Number**

**School Division Federal Identification Number (FIN)**

**Grant Application Contact**

Mailing Address

Phone

Fax

Email Address

## **PROGRAM SPECIFIC ASSURANCES**

Each applying school division hereby agrees to comply with the following assurances. School divisions that choose to apply as a consortium must submit a separate form for each division in the consortium.

The school division assures that:

* The program will be administered in accordance with all applicable statutes, regulations, program plans, and applications.
* The applicant complies with, or will use requested funds to comply with, paragraphs 3 through 7 of section 722g of the *McKinney-Vento Act*.
* The LEA will collect and promptly provide data requested by the State Coordinator pursuant to paragraphs 1 and 3 of section 722f.
* The LEA has implemented policies and procedures to remove barriers that hinder the enrollment of children and youth experiencing homelessness and to ensure that activities will not isolate or stigmatize homeless children and youth.
* The LEA will ensure that funds are expended in accordance with the school division’s approved application or amended application and will retain control of these funds and title to any property acquired with these funds. In the event the school division needs to expend funds in any manner other than stipulated in the approved application, the plan must be amended using the amendment process provided by Project HOPE-VA. The application must be amended before funds can be expended for activities not approved in the original application.
* The LEA will maintain accurate time logs and documentation of services for personnel working in this program.
* The LEA will ensure that program staff will be involved in professional development such as that sponsored by Project HOPE-VA, the National Center for Homeless Education, and the National Association for the Education of Homeless Children and Youth.

## **Budget and Proposed Activities**

| **Budget Object Code – Expenditure Accounts** | **MV Proposed Budget** | **Description of Services/Activities** |
| --- | --- | --- |
| **1000 – Personnel Services** |  |  |
| **2000 – Employee Benefits** |  |  |
| **3000 – Purchased/Contracted** |  |  |
| **4000 - Internal Services** |  |  |
| **5000 – Other Charges** |  |  |
| **6000 – Materials and Supplies** |  |  |
| **Total:** |  |  |

**Title of Authorizing Agent**

**Signature of Authorizing Agent**

**Printed Name**

**Date**

Scanned copies of application are acceptable and should be emailed to [homlss@wm.edu](mailto:homlss@wm.edu).