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| bureau of indian educationdoi_buffalo |
| McKinney-Vento Homeless Education Assistance ActEducation of Homeless Children and Youth |
| END OF YEAR REPORT TEMPLATESubmission Window: June 1-30, 2016 |
| **Project Year 2015-2016** |

**McKinney-Vento Homeless Education Assistance Act**

**2015-18 Sub-Grant Recipient**

**PART I: SCHOOL INFORMATION**

School Name: Click here to enter text.

Principal/Contact Name: Click here to enter text.

School Local Liaison Name: Click here to enter text.

School Mailing Address: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text.

School Telephone Number: Click here to enter text.

Preparer’s Name: Enter Name Date: Click here to enter a date.

Preparer’s Signature:

Authorized School Official: Enter Name Date: Click here to enter a date.

Official’s Signature:

**PART II: PROJECT ACTIVITIES**

**Project Activities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Project Activities** | **Task(s)/Responsible Staff** | **% Completion** | **Timeframe****(By When?** | **Evidence of Task accomplished****How did you meet the goal and how are they measured? Use information from Data Collection in Application** |
| **1** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |
| **2** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |
| **3** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |
| **4** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |
| **5** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |
| **6** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |
| **7** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |
| **8** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |
| **9** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |
| **10** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |

**PART III: ESTABLISHING PARTNERSHIPS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Partnerships/Collaborations****List Partners** | **Task(s)/Activities**  | **Organization Contact or Representative** | **When was Partnership/****Collaboration Established?** | **Evidence of Collaboration/Partnerships****Meeting Agendas/Minutes** |
| **1** | Enter Partner Name. | Enter task/activity. | Enter Name. | Month/Year | Describe Evidence |
| **2** | Enter Partner Name. | Enter task/activity. | Enter Name. | Month/Year | Describe Evidence |
| **3** | Enter Partner Name. | Enter task/activity. | Enter Name. | Month/Year | Describe Evidence |
| **4** | Enter Partner Name. | Enter task/activity. | Enter Name. | Month/Year | Describe Evidence |
| **5** | Enter Partner Name. | Enter task/activity. | Enter Name. | Month/Year | Describe Evidence |
| **6** | Enter Partner Name. | Enter task/activity. | Enter Name. | Month/Year | Describe Evidence |
| **7** | Enter Partner Name. | Enter task/activity. | Enter Name. | Month/Year | Describe Evidence |
| **8** | Enter Partner Name. | Enter task/activity. | Enter Name. | Month/Year | Describe Evidence |
| **9** | Enter Partner Name. | Enter task/activity. | Enter Name. | Month/Year | Describe Evidence |
| **10** | Enter Partner Name. | Enter task/activity. | Enter Name. | Month/Year | Describe Evidence |

**PART IV:** **REVIEW & IMPLEMENTATION OF POLICIES & PROCEDURES ON ENSURING THE ACADEMIC SUCCES OF HOMELESS STUDENTS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Policies & Procedures** | **Developed****(Y/N)** | **Task(s)/Activities in developing or updating** | **Timeframe****(If no, by When?****(Month/Year)** | **Policies/Procedures****Reviewed and Approved by School Board****(Month/Year)** | **Uploaded in Native Star?****(Y/N)** |
| **1** | Enter Policy/Procedure. | Select | Enter Task | Month/Year | Select a date. | Select |
| **2** | Enter Policy/Procedure. | Select | Enter Task | Month/Year | Select a date. | Select |
| **3** | Enter Policy/Procedure. | Select | Enter Task | Month/Year | Select a date. | Select |
| **4** | Enter Policy/Procedure. | Select | Enter Task | Month/Year | Select a date. | Select |
| **5** | Enter Policy/Procedure. | Select | Enter Task | Month/Year | Select a date. | Select |

**Part V: EXPENDITURE DESCRIPTION**

**Instructional Support Sub-Total:** Click here to enter sub-total.

 **NOTE:** Must align with Instructional Support total on spreadsheet

Personnel Services: Amount Expended: Click here to enter amount.

Description of Expenditures: Click here to enter description.

Employee Benefits: Amount Expended: Click here to enter amount.

Description of Expenditures: Click here to enter description.

Professional Development: Amount Expended: Click here to enter amount.

Description of Expenditures: Click here to enter description.

Contract Services: Amount Expended: Click here to enter amount.

Description of Expenditures: Click here to enter description.

Materials and Supplies: Amount Expended: Click here to enter amount.

Description of Expenditures: Click here to enter description.

Other Expenses: Amount Expended: Click here to enter amount.

Description of Expenditures: Click here to enter description.

School Supplies: Amount Expended: Click here to enter amount.

Description of Expenditures: Click here to enter description.

**Non-Instructional Support** **Sub-Total:** Click here to enter sub-total.

 **NOTE:** Must align with Non-Instructional Support total on spreadsheet

Professional Development: Amount Expended: Click here to enter amount.

Description of Expenditures: Click here to enter description.

Contract Services: Amount Expended: Click here to enter amount.

Description of Expenditures: Click here to enter description.

Materials and Supplies: Amount Expended: Click here to enter amount.

Description of Expenditures: Click here to enter description.

Other Expenses: Amount Expended: Click here to enter amount.

Description of Expenditures: Click here to enter description.

Clothing, personal hygiene, eyeglasses, etc. (25% or less of total budget: Amount Expended: Click here to enter amount.

Description of Expenditures: Click here to enter description.

**PART VI: SPREADSHEET**

|  |
| --- |
| **McKinney-Vento Homeless Grant Budget** |
| **ALLOCATIONS** |
| **TOTAL GRANT AWARD (yearly)** | $0.00 |
| **SY 15-16 TOTAL GRANT EXPENDED** | $0.00 |
| **Budget Line Items** | **McKinney Vento Awarded**  | **Total Budget Expended** |
| **INSTRUCTIONAL SUPPORT** |  |  |
| Personnel Services | $0.00 | $0.00 |
| Employee Benefits | $0.00 | $0.00 |
| Professional Development | $0.00 | $0.00 |
| Contract Services | $0.00 | $0.00 |
| Materials and Supplies | $0.00 | $0.00 |
| Other Expenses | $0.00 | $0.00 |
| Incentives (must provide strong justification, education related, minimal cost, no gift cards, students only) | $0.00 | $0.00 |
| Subtotal for Instructional Support | $0.00 | $0.00 |
|  **NON-INSTRUCTIONAL SUPPORT** |   |  |
| Personnel Services | $0.00 | $0.00 |
| Employee Benefits | $0.00 | $0.00 |
| Professional Development | $0.00 | $0.00 |
| Contract Services | $0.00 | $0.00 |
| Materials and Supplies | $0.00 | $0.00 |
| Other Expenses  | $0.00 | $0.00 |
| Clothing, school supplies, personal hygiene (25% or less of total budget) | $0.00 | $0.00 |
| Subtotal for Non-Instructional Support  | $0.00 | $0.00 |
|   |  |  |   |  |
|   | **GRAND TOTAL** | **$0.00** | **$0.00** |

**PART VII: SUPPLEMENTAL FUNDING**

**Schools must complete this portion of the report if school was awarded wellness funds for SY 14-15**

|  |
| --- |
| **SUPPLEMENTAL FUNDING (RECIPIENTS ONLY)** |
| SY 2015-2016 MCV Grant Award | $     .   |
| SY 2015-2016 Total Supplemental Award(s) | $     .   |
| SY 2015-2016 Total Award  | $     .   |
| **Supplemental Funds** | **Awarded** | **Expended** | **Carryover** |
| 1. Family Engagement
 | $     .   | $     .   | $     .   |
| 1. Summer School
 | $     .   | $     .   | $     .   |
| 1. Wellness
 | $     .   | $     .   | $     .   |

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| **WELLNESS SUPPLEMENTAL FUNDING ACTIVITIES (RECIPIENTS ONLY)** |
|  | **Project Activities the Approved Supplemental Funding SY 14-15 and provide description of items purchased.** | **Task(s)/Responsible Staff** | **% Completion** | **Timeframe****(By When?)** | **Evidence of Task accomplished****How did you meet the goal and how are they measured? Use information from Data Collection in Application** |
| **1** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |
| **2** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |
| **3** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |
| **4** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |
| **5** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |
| **6** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |
| **7** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |
| **8** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |
| **9** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |
| **10** | Enter Activity here | Enter Tasks here | Enter %  | Month/Year | Describe Evidence |

|  |
| --- |
| 1. **WELLNESS (RECIPIENTS ONLY)**
 |
| **Line Items** | **Awarded** | **Expended** | **Current Balance** |
| **Direct Instruction** |
| Personnel Services | $     .   | $     .   | $     .   |
| Employee Benefits | $     .   | $     .   | $     .   |
| Professional Development | $     .   | $     .   | $     .   |
| Purchased Services | $     .   | $     .   | $     .   |
| Equipment | $     .   | $     .   | $     .   |
| Materials & Supplies | $     .   | $     .   | $     .   |
| Other Expense | $     .   | $     .   | $     .   |
| **Instructional Support** |
| Personnel Services | $     .   | $     .   | $     .   |
| Employee Benefits | $     .   | $     .   | $     .   |
| Professional Development | $     .   | $     .   | $     .   |
| Purchased Services | $     .   | $     .   | $     .   |
| Equipment | $     .   | $     .   | $     .   |
| Materials & Supplies | $     .   | $     .   | $     .   |
| Other Expense | $     .   | $     .   | $     .   |
| **Non-Instructional Services** |
| Personnel Services | $     .   | $     .   | $     .   |
| Employee Benefits | $     .   | $     .   | $     .   |
| Professional Development | $     .   | $     .   | $     .   |
| Purchased Services | $     .   | $     .   | $     .   |
| Equipment | $     .   | $     .   | $     .   |
| Materials & Supplies | $     .   | $     .   | $     .   |
| Other Expense | $     .   | $     .   | $     .   |
| **TOTAL** | $     .   | $     .   | $     .   |