|  |
| --- |
| bureau of indian education  doi_buffalo |
| McKinney-Vento Homeless Education Assistance Act  Education of Homeless Children and Youth |
| END OF YEAR REPORT TEMPLATE  Submission 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 | $     . | $     . | $     . |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** | $     . | $     . | $     . |