

Michigan Department of Education
OFFICE OF SCHOOL IMPROVEMENT
P.O. Box 30008, Lansing, MI 48909

AUTHORITY: The McKinney-Vento Homeless Education Assistance Improvements Act as amended, Title VI-B.

COMPLETION: Voluntarily. (Consideration for funding will not be possible if form is not filed.)

Direct questions regarding this form to the Office of School Improvement at (517) 241-1162.

**2009-10 COMPETITIVE APPLICATION FOR
EDUCATION FOR HOMELESS CHILDREN AND YOUTH GRANTS**

| | | | |
|-----------|------------|-----------------------|-----------|
| APPLICANT | Legal Name | Recipient Code Number | Telephone |
| | Address | City | Zip Code |

| | | | |
|----------------|------------------------|-----------------------|-----------|
| CONTACT PERSON | Name of Contact Person | Recipient Code Number | Telephone |
| | Address | City | Zip Code |

AMOUNT REQUESTED:

Indicate the total amount of funds requested. \$ _____

**HOMELESS STUDENTS' ASSISTANCE GRANTS
FY 2009-2010**

Narrative

Agency: _____ **District Code:** _____

Instructions: The narrative should be **no more than 15 pages in length, double-spaced, and with a font no smaller than Times 12 point.** Relevant support documents must be kept to a maximum of **5 pages**. Such support documents are not counted in the 15-page limit.

NOTE: When you name your file, **DO NOT** leave any spaces OR place a period between the words. You may wish to save your narrative file in **Word** or **PDF** format.

Uploading the Narrative File:

- Click **Browse** for your document on your computer. Once selected, the path to your file will appear in the **Document Source** field.
- Click **Save** to upload the attachment.

Viewing the Narrative file:

- Once a Narrative file is uploaded, click the link under the **Browse** button.

Title: _____

Document Source: _____

**HOMELESS STUDENTS' ASSISTANCE GRANTS
FY 2009-2010**

Children and Youth Served

Agency: _____ District Code: _____

A. Grant Service Area Data

Instructions: Enter the requested information regarding homeless children and youth in your grant service area.

1. Number of homeless children and youth residing in the proposed grant service area as documented by census data or other reliable source. _____
2. Number of homeless children and youth enrolled in preschool and schools in the proposed service area. _____
3. Number of homeless children and youth directly served by grant in school year 2008-2009. _____

Source of data:

B. Proposed Number of Children and Youth Served

Instructions: Enter the proposed number of homeless children and youth in each category who will receive **direct services** from your program.

1. Number of preschool children to be served by this grant: _____
2. Number of elementary students to be served by this grant: _____
3. Number of middle school/junior high students to be served by this grant: _____
4. Number of high school students to be served by this grant: _____

Total number of children and youth to be served by this grant: _____



**Michigan Department of Education
2009-2011 Homeless Education Grant**

Collaborative Partner Commitment

This form serves as a signed general assurance that the Collaborative Partner agency or organization has the following:

- Financial stability
- The ability to deliver high-quality services to children and families
- A commitment to provide services to the school district named below

Name of District: _____

Name of Partner/Agency: _____

Partner Representative: _____

Address of Partner: _____

Phone: _____ E-mail: _____

Assurances

I/We hereby verify and assure that our district will:

- be engaged in the Needs Assessment and Grant Planning processes with the Grant Coordinator/Liaison, participating districts and other collaborative partners,
- assure timely and accurate reporting of homeless student data to the Grant Coordinator and/or the MI Department of Education upon request,
- assure or assist in providing all mandated and/or relevant services required of McKinney-Vento subgrantees, and

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

The authorized district official submitting this application assures that a copy of this form is on file at the district named above.

Signature of Collaborative Partner Representative

Date

