|  |
| --- |
| **Name of Grant Program:** Homeless Emergency Support **Fund Code:** 344 / 349 |

#### PART III - REQUIRED PROGRAM INFORMATION

**Proposals must provide culturally responsive, high-quality programming that advances racial equity.**

1. **Contact information**:

|  |  |
| --- | --- |
| 1. District name
 |  |
| 1. Homeless liaison

(name, phone and email) |  |
| 1. Grant contact

(name, phone and email) |  |

1. **Needs Assessment and Use of Funds**:

Using no more than one page:

* 1. Identify the new shelter (or hotel used to shelter families who are homeless);
	2. Provide an estimate of the number of students the district expects to serve in the new shelter,
	3. Identify the immediate needs of students placed in the new shelter, and
	4. Describe how the district will use grant funds to address those needs. *Please also complete the Budget Narrative by line item below.*

*Please remember ARP-HCY funds are to supplement not replace existing funding.*

1. **Budget Narrative**:

Provide a budget narrative that, by Line Item, explains in detail how each program expenditure relates to the proposed use of funds. If Title I, ESSER, or other funds are used/coordinated please include those under Other Funds.

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **Grant Line****Total** | **Other Total** | **Budget Purpose and Explanation** |
| **Line 1 –** AdministratorSalaries |  |  |  |
| **Line 2 –** Instructional/Professional Staff Salaries |  |  |  |
| **Line 3 –** Support Staff Salaries |  |  |  |
| **Line 4 –** Stipends |  |  |  |
| **Line 5 –** Fringe Benefits (MTRS, Other) |  |  |  |
| **Line 6 –** Contractual |  |  |  |
| **Line 7 –** Supplies and Materials |  |  |  |
| **Line 8 –** Travel |  |  |  |
| **Line 9 –** Other Costs |  |  |  |
| **Line 10 –** Indirect |  |  |  |
| **Line 11 --** Equipment |  |  |  |