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| **Name of Grant Program:** **Afghan Refugee Support to Schools** | **Fund Code:** **652**  |

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| PART III – REQUIRED PROGRAM INFORMATION |

1. **Provide the names and contact information for the person(s) from the district who would manage aspects of the grant:**

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| **Record your response here:** **Grant Manager** Name: Role: District: Email: Telephone:  **EdGrants Contact** Name: Email: Telephone:  **Fiscal Contact** Name: Email: Telephone:  |

Allowable uses of Funding include:

* Funding teachers and school-based counselors, including English Language Learner supports
* Developing and implementing parent engagement and orientation activities, including English Language classes for parents
* Renting or enhancing temporary school facilities, including portable classrooms and converting (but not constructing) space
* Producing and securing educational resources ensuring full accessibility, including classroom materials, parent engagement resources, computers, digital services, and internet connections
* Addressing transportation needs not met by other local, state, or federal resources
* Administering after-school and/or summer learning programs, including summer academic acceleration
* Developing and implementing data collection tools to track outputs and outcomes from this initiative
1. **Describe each activity that will be funded through the grant:**

For each planned activity, describe 1) the activity, 2) who will be responsible for implementation of the activity, 3) the number of eligible Afghan refugees and/or parents who will benefit from the activity, 4) school personnel and/or consultants or service providers who will be included, 5) any collaboration across districts, 6) any additional information to explain how these activities will make the best use of this funding for your context.

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| **Record your response here:**  |

1. **Provide budget details of activities funded through the grant for each requested fiscal year:**

**Budget Narrative Template**

This document mirrors each line item in Part II Budget Details. Please use this document to provide fuller explanations of how you plan to use the funds listed in each corresponding line item of that document.

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| **School Year FY24 (upon approval – 6/30/2024)**  | **Summer FY25 (7/1/2024 – 8/31/2024)**  |
| 1. **Administrator Salaries**
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| 1. **Instructional/Professional Staff Salaries**
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|    |   |
| 1. **Support Staff Salaries**
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|    |   |
| 1. **Stipends**
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|    |   |
| 1. **Fringe Benefits**
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|    |   |
| 1. **Contractual Services**
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|    |   |
| 1. **Supplies and Materials**
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|    |   |
| 1. **Travel**
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|    |   |
| 1. **Other Costs**
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|    |   |
| 1. **Indirect Costs**
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|    |   |
| 1. **Equipment**
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