Parent Education Program Grant Application 2015-2016

***PLEASE NOTE: Due to new legislation (Senate Bill 285 and House Bill 2157), the Parent Education Program has changed. Please read this application in its entirety prior to submitting application to ensure knowledge of the changes made.

Applications for the Parent Education Program must be received by email only at or before 4:00 pm Friday, July 10, 2015. Pages with signature requirements will need to be scanned or mailed in. Please put supporting documents along with application into one PDF document. Email to: michelle.reeves@sde.ok.gov

Recommendations for Parent Education Program grant recipients will be made at the regularly scheduled July 23, 2015 State Board of Education meeting.

Local Education Agency (LEA) Requirements

1. The LEA must provide a 25% in kind match.
2. The executive officer of the applying program is aware this grant is for a ten month period, with no assurance of further funding.
3. All grant money must be spent by June 30, 2016.
4. Mid-year and End-of-year expenditure reports must be submitted.
5. Program must operate for at least 10 months of the year.
6. Transmission of requirements herein must be made to the Family Support Provider(s) to ensure all requirements are known by all involved parties.

Parent Education Program Requirements

1. One representative must attend the 2 day curriculum training. Dates TBD, but will be in August.
2. Program must meet the minimum number of families served yearly, as outlined in this document.
3. Programs will submit monthly data reports (on or before the 10th of each month), mid-year (on or before February 10, 2016) and end-of-year expenditure reports (on or before September 10, 2016).
4. Programs should focus on serving families with children ages 0-3 with the greatest risk for experiencing adverse childhood outcomes.
5. Previously funded programs must have met grant requirements from the preceding year.
6. Programs will complete the Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire-Social Emotional (ASQ-SE) on each participating child at the beginning (within the first 90 days) and end of the program year. Children receiving at least 5 months’ worth of service must have a beginning and ending ASQ and ASQ-SE.
7. The Life Skills Progression will be completed on each family within the first 90 days.
8. Referrals to outside agencies will be made as necessary.
9. Programs will have monthly Family Support Meetings for families enrolled in the program.
10. Programs will submit lesson plans, sign in sheets, or other information requested by the State Leader.
11. Programs will participate in site visits as deemed necessary by the State leader.
12. Programs will send at least one representative to the Spring Regional Parent Education Program meetings.

**Allocation Information**

An LEA applying for the Parent Education grant must have a minimum average daily membership (ADM) of 500 students. LEAs may partner with other LEAs to form consortiums for a combined ADM. The Oklahoma State Department of Education (SDE) will verify the ADM using the first nine weeks attendance count from 2015. An LEA may choose a lower ADM category, but may not exceed their ADM category.

<table>
<thead>
<tr>
<th>Number of Students</th>
<th>Grant Amount</th>
<th>Minimum Number of Family Visits per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>500</td>
<td>$15,000</td>
<td>23</td>
</tr>
<tr>
<td>1,000</td>
<td>$23,000</td>
<td>35</td>
</tr>
<tr>
<td>3,000</td>
<td>$38,000</td>
<td>54</td>
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<tr>
<td>10,000</td>
<td>$53,000</td>
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<tr>
<td>18,000</td>
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<td>93</td>
</tr>
<tr>
<td>30,000</td>
<td>$92,000</td>
<td>121</td>
</tr>
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Amount of funding Requested ____________________________  ADM ___________________

Name of LEA__________________________________________________________________

Mailing Address (Please include city and zip code) ________________________________
LEA Superintendent or Interlocal Representative name and title __________________________

If this application is being prepared on behalf of a consortium of LEAs, list all participating districts.

District Name     ADM     Superintendent’s Signature
_____________________________________________________________________________
_____________________________________________________________________________

Program Information

*Please address the following items. You may address here or on another sheet of paper.*

**I. Needs Assessment-10 points**
   a. Estimate the percentage of families in your area with the greatest risk for experiencing adverse childhood outcomes. These may include, but are not limited to: low income, premature or low birth weight of child, unemployment, low educational attainment of parent, domestic violence, English as a second language or substance abuse.
   b. What is the percentage of free and reduced lunch in your local school district(s)?

**II. Administration/Operation-10 points**
   a. Describe the LEAs administrative and operational plan for implementing the Parent Education Program requirements.
   b. Describe the organization and qualifications of your staff. Include other job duties of Family Support Provider and Supervisors if applicable.

**III. Recruitment/Retention-5 points**
   a. How will your program recruit and retain families for program participation? Think about the particular needs of the community as well as how to reach the population the program is trying to serve.

**IV. Collaboration with Community Partners-10 points**
   a. Provide information/documentation of community, foundation, and corporate support for the Parent Education Program in your area. How will these organizations support your work with families in the community?
   b. How will your efforts be coordinated with community partners to avoid duplication of services and maximize resources?

**V. Program Requirements Met-25 points**
   a. Established programs will be given points on the previous year’s submitted data. New applicants will automatically be given these points.
VI. Budget-10 points
   a. Salaries and Benefits-100 and 200
      i. Programs should take into account the minimum number of family visits required when making staff decisions. Each family visit requires 1.5-2.0 hours, plus planning for Family Support monthly meetings, travel, recruitment, etc.
   b. Training/Contracted Services-300
      i. At least one representative from each program will be required to attend the Informational, Fall, and Spring Regional meetings.
   c. Travel-500
      i. Mileage shall be reimbursed at the current State rate for travel to and from family visits and other job related activities.
   d. Supplies and Equipment- 600 and 700
      i. Age-appropriate toys, books, and materials may be needed to conduct monthly Parent Education Meetings and family visits.
   e. Other

See the Oklahoma Cost Accounting System Manual for Object Code Definitions.

_I have read this document in its entirety. I agree to the terms and conditions of this grant application to implement the Parent Education Program. If progress toward the requirements of the grant as outlined herein is not being made based on data forms submitted by December 31, 2015, I understand no further allocation will be made to fund the Parent Education Program for the remainder of the program year._

LEA or Interlocal Name __________________________________________________________

Signature of Superintendent _______________________________________________________

Signature of Parent Education Program Coordinator _________________________________

Date _________________________________________________________________________

Email addresses for communication regarding Parent Education Program _____________

_____________________________________________________________________________
For the purpose of this application, provide an original budgeted amount for each object code.
In the event a revised budget is needed midyear, retain this budget in your records to make revisions as necessary. Midyear revisions (with a date) should be emailed or mailed to:

Oklahoma State Department of Education  
Special Education Services, Suite 412  
2500 North Lincoln Boulevard  
Oklahoma City, Oklahoma 73105-4599

<table>
<thead>
<tr>
<th>Object</th>
<th>Budgeted Amount</th>
<th>In Kind Match</th>
<th>Revised Amount-if applicable</th>
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<tr>
<td>200 Benefits</td>
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<tr>
<td>300 Training/Contract Services</td>
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<td>400 Space</td>
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<td>500 Travel</td>
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<td>600 Supplies</td>
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<td>800 Other</td>
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<td>TOTAL</td>
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