

**Title IX, Part A – Education of Homeless Children and Youth (EHCY)**

**Project Application**

**July 1, 2024 - August 31, 2027**

**Florida McKinney-Vento Program**

**Bureau of Federal Educational Programs**

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| **Local Educational Agency (LEA) Name:** |  |
| **Contact Name:** |  |
| **Contact Title:** |  |
| **Contact Telephone:** |  |
| **LEA Contact Email:** |  |

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***For more information, please contact:***

Florida McKinney-Vento Program

Phone: 850-245-0479

Email: [flmvp@fldoe.org](mailto:flmvp@fldoe.org)

**Program Specific Assurances**

The Local Educational Agency (LEA) must assure that it will:

* Ensure that each child of a homeless individual and each homeless youth shall have equal access to the same free, appropriate public education, including a public preschool education, as provided to other children and youth.
* Review and undertake steps to revise any laws, regulations, practices or policies that may act as a barrier to the enrollment, attendance or success in school of homeless children and youth.
* Not separate homeless students from the mainstream school environment or segregate homeless students in a separate school, or in a separate program within a school, based on such students' status as homeless.
* Ensure homeless children and youth have access to the education and other services that they need to meet the same challenging state student academic achievement standards to which all students are held.
* Ensure its combined fiscal effort per student, or the aggregate expenditures of the LEA and the state with respect to the provisions of free public education by the LEA for the fiscal year preceding the fiscal year for which the determination is made, was not less than 90 percent of such combined fiscal effort or aggregate expenditures for the second fiscal year preceding the fiscal year for which the determination is made (unless the state receives a waiver).
* Comply with or use requested funds to comply with paragraphs (3) through (7) of section 722(g) of the McKinney-Vento Homeless Assistance Act (MVA).
* Adopt policies and practices to ensure that homeless children and youths are not stigmatized or segregated on the basis of their status as homeless.
* Designate an appropriate staff person, who may also be a coordinator for other federal programs, as the LEA Homeless Education Liaison for homeless children and youths to carry out the duties described in sections 722(g)(1) and (6)(A), MVA.
* Adopt policies and practices to ensure that transportation is provided, at the request of the parent or guardian (or in the case of an unaccompanied youth, the Homeless Education Liaison), to and from the school of origin, as determined in the MVA.
* Adopt policies and practices to ensure participation by the designated Homeless Education Liaison in professional development and other technical assistance provided by, or as determined appropriate by, the State Homeless Education Coordinator.
* Provide assistance to homeless high school youth to prepare them and improve their readiness for postsecondary education.
* Arrange school of origin transportation if the homeless student's living arrangement in the area served by the LEA of origin terminates and the student, though continuing his or her education in the school of origin, begins living in an area served by another LEA. The LEA of origin and the LEA in which the homeless student is living shall agree upon a method to apportion the responsibility and costs for providing the student with transportation to and from the school of origin. If the LEAs are unable to agree upon such method, the responsibility and costs for transportation shall be shared equally.
* Meet the requirements of section 722(g)(3), MVA.
* Ensure qualified homeless high school students, while enrolled in high school, earn credit accrual or accelerated credit, such as advanced placement courses, dual enrollment and industry certifications.
* Ensure homeless high school seniors who receive a standard diploma will receive a letter or the FDOE tuition and fee exemption form verifying their status as homeless for the purpose of supporting their application for Florida's state tuition and fee exemption for individuals lacking a fixed, regular and adequate nighttime residence under section 1009.25(1)(e), Florida Statutes, and the federal Free Application for Student Financial Aid.
* Make available progress and annual reports to the Florida Department of Education’s Florida McKinney-Vento Program Office as requested.
* Collect and promptly provide requested data outlined in section 722(f)(1-3), MVA.

By submitting this application, I hereby certify that the LEA agrees to all the assurances of the Title IX, Part A Program outlined above, and will abide by all federal, state and local laws.

**Part 1: SUMMARY**

**Instructions:**

* The summary should reflect all other sections of the grant and explain a brief overview of the proposed project and intended outcomes at the end of each year of the three-year project.

**Project Summary**

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**Intended outcomes at the end of Year 1, 2024-2025**

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**Intended outcomes at the end of Year 2, 2025-2026**

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**Intended outcomes at the end of Year 3, 2026-2027**

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**Part 2: GOALS and PROGRESS MONITORING**

**GOALS: Three Areas of Focus (AOF)**

**Instructions:**

* Provide the baseline Homeless Student Identification Rate (HSIR), Homeless Student Attendance Rate (HSAR) and the Homeless Student Promotion Rate (HSPR) using the LEA’s 2022-2023 Homeless Education Data Profile.
* Identify the LEA's projected annual goals for Years 1-3 for each Area of Focus for Years 1-3.

**Area of Focus 1: Identification and Enrollment**

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| **Florida AOF 1 Goal** | The LEA identifies all school-aged homeless children and youth living in poverty in the LEA. |
| **FMVP State Standard:**  **Homeless Student Identification Rate (HSIR)** | All LEAs will identify a number of homeless children and youth in their communities that is equal to at least five percent (5%) of their Free and Reduced Priced Lunch (FRPL) enrollment. |
| **2022-2023 Baseline HSIR** | The LEA’s HSIR is \_\_\_\_ %. |
| **Year 1 Goal** | By June 30, **2025**, the LEA's HSIR will be \_\_\_\_ %. |
| **Year 2 Goal** | By June 30, **2026**, the LEA's HSIR will be \_\_\_\_ %. |
| **Year 3 Goal** | By June 30, **2027**, the LEA's HSIR will be \_\_\_\_ %. |

**Area of Focus 2: Regular School Attendance and Full Participation**

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| **Florida AOF 2 Goal** | All homeless students will attend school regularly. |
| **FMVP State Standard: Homeless Student Attendance Rate (HSAR)** | The overall "days present" rate for homeless students for each Florida  LEA is at least 90%. |
| **2022-2023 Baseline HSAR** | The LEA’s HSAR is \_\_\_\_ %. |
| **Year 1 Goal** | By June 30, **2025**, the LEA's HSAR will be \_\_\_\_ %. |
| **Year 2 Goal** | By June 30, **2026**, the LEA's HSAR will be \_\_\_\_ %. |
| **Year 3 Goal** | By June 30, **2027**, the LEA's HSAR will be \_\_\_\_ %. |

**Area of Focus 3: Support for Academic Achievement**

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| **Florida AOF 3 Goal** | All homeless students demonstrate academic progress. |
| **FMVP State Standard: Homeless Student Promotion Rate (HSPR)** | The overall LEA grade promotion rates for homeless students in grades  K through 11 in each Florida LEA will be at least 90%. |
| **2022-2023 Baseline HSPR** | The LEA’s HSPR is \_\_\_\_ %. |
| **Year 1 Goal** | By June 30, **2025**, the LEA's HSPR will be \_\_\_\_ %. |
| **Year 2 Goal** | By June 30, **2026**, the LEA's HSPR will be \_\_\_\_ %. |
| **Year 3 Goal** | By June 30, **2027**, the LEA's HSPR will be \_\_\_\_ %. |

**Progress Monitoring**

**Instructions:**

* Complete the associated columns for Indicator 1 of each AOF. Identify up to two more progress monitoring indicators for homeless students for each AOF that will be tracked during Years 1-3 (i.e., 2024-2025, 2025-2026 and 2026-2027 school years) to determine the monitoring progress toward the intended outcome for Years 1-3. Note: Indicator 1 has been provided for each AOF, except for justification. Please add justification for Indicator 1 for each AOF.

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| **Indicator** | Specify the indicator that will be tracked. |
| **Justification** | Describe how the indicator will show whether the project is on track to meet the Years 1-3 indicators. |
| **Data Collection** | Describe how the data are collected, who collects the data and when the data are collected. |
| **Data Source** | Identify the data source. |

**AOF 1: Identification and Enrollment of HCY**

| Progress Monitoring Indicators | Indicator | Justification | Data Collection  (How, Who, When) | Data Source |
| --- | --- | --- | --- | --- |
| Indicator 1  Year 1  Year 2  Year 3 | Homeless Student Identification Rate |  |  |  |
| Indicator 2  Year 1  Year 2  Year 3 |  |  |  |  |
| Indicator 3  Year 1  Year 2  Year 3 |  |  |  |  |

**AOF 2: Regular School Attendance and Full Participation of HCY**

| Progress Monitoring Indicators | Indicator | Justification | Data Collection  (How, Who, When) | Data Source |
| --- | --- | --- | --- | --- |
| Indicator 1  Year 1  Year 2  Year 3 | Homeless Student Attendance Rate |  |  |  |
| Indicator 2  Year 1  Year 2  Year 3 |  |  |  |  |
| Indicator 3  Year 1  Year 2  Year 3 |  |  |  |  |

**AOF 3: Support for Academic Achievement of HCY**

| Progress Monitoring Indicators | Indicator | Justification | Data Collection  (How, Who, When) | Data Source |
| --- | --- | --- | --- | --- |
| Indicator 1  Year 1  Year 2  Year 3 | Homeless Student Promotion Rate |  |  |  |
| Indicator 2  Year 1  Year 2  Year 3 |  |  |  |  |
| Indicator 3  Year 1  Year 2  Year 3 |  |  |  |  |

**PART 3: IMPLEMENTATION PLAN**

**Use of Other Resources**

What other federal funds is the LEA using to support the identification, enrollment, retention and educational success of children and youth experiencing homelessness specifically? Select all that apply.

American Rescue Plan (ARP) ESSER III funds

American Rescue Plan-Homeless Children and Youth (ARP-HCY) funds

Other funds and services available to children, youth, and families experiencing homelessness. Please specify:

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**Use of Local Resources**

**Instructions:**

* Identify up to three priority activities correlated to Area(s) of Focus supported with the use of local funds.
* In the first column, click on “Choose an item” to identify an activity from a pre-populated drop-down menu. After choosing one activity, double click below the selection box to show the activity without the drop-down option. If an activity is not listed, you may type in the activity next to other.
* In the second column, identify the Area(s) of Focus supported by the identified activity.

|  |  |
| --- | --- |
| **Activity Name** | **Correlation of Activity to Area(s) of Focus** |
| Choose an item.  **Other:** | AOF 1: Identification and Enrollment  AOF 2: Regular School Attendance and Full Participation  AOF 3: Support for Academic Achievement |
| Choose an item.  **Other:** | AOF 1: Identification and Enrollment  AOF 2: Regular School Attendance and Full Participation  AOF 3: Support for Academic Achievement |
| Choose an item.  **Other:** | AOF 1: Identification and Enrollment  AOF 2: Regular School Attendance and Full Participation  AOF 3: Support for Academic Achievement |

**Use of Title I, Part A (TIPA) Reservation for Homeless Education**

1. **Provide the amount of the Title I, Part A Homeless Reservation for the 2023-2024 and 2024-2025 grant:**

|  |  |
| --- | --- |
| **2023-2024 Reservation** | **2024-2025 Reservation** |
| $ | $ | |

1. **Indicate how the amount of the 2024-2025 Title I, Part A Reservation was determined. Include in your response, a brief explanation as to why the amount has increased or decreased from the previous year (2023-2024).**

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1. **Describe how Title I, Part A staff will collaborate with the Homeless Education Liaison to implement services and activities identified in 2024-2025 Title I, Part A Reservation.**

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1. **Identify activities correlated to Area(s) of Focus supported with the use of the 2024-2025 Title I, Part A Reservation.**

* **In the first column, click on “Choose an item” to identify an activity from a pre-populated drop-down menu. After choosing one activity, double click below the selection box to show the activity without the drop-down option. If an activity is not listed, you may type in the activity next to other.**
* **In the second column, identify the Area(s) of Focus supported by the identified activity.**

| **Activity Name** | **Correlation of Activity to Area(s) of Focus** |
| --- | --- |
| Choose an item.  **Other:** | AOF 1: Identification and Enrollment  AOF 2: Regular School Attendance and Full Participation  AOF 3: Support for Academic Achievement |
| Choose an item.  **Other:** | AOF 1: Identification and Enrollment  AOF 2: Regular School Attendance and Full Participation  AOF 3: Support for Academic Achievement |
| Choose an item.  **Other:** | AOF 1: Identification and Enrollment  AOF 2: Regular School Attendance and Full Participation  AOF 3: Support for Academic Achievement |
| Choose an item.  **Other:** | AOF 1: Identification and Enrollment  AOF 2: Regular School Attendance and Full Participation  AOF 3: Support for Academic Achievement |
| Choose an item.  **Other:** | AOF 1: Identification and Enrollment  AOF 2: Regular School Attendance and Full Participation  AOF 3: Support for Academic Achievement |
| Choose an item.  **Other:** | AOF 1: Identification and Enrollment  AOF 2: Regular School Attendance and Full Participation  AOF 3: Support for Academic Achievement |
| Choose an item.  **Other:** | AOF 1: Identification and Enrollment  AOF 2: Regular School Attendance and Full Participation  AOF 3: Support for Academic Achievement |
| Choose an item.  **Other:** | AOF 1: Identification and Enrollment  AOF 2: Regular School Attendance and Full Participation  AOF 3: Support for Academic Achievement |
| Choose an item.  **Other:** | AOF 1: Identification and Enrollment  AOF 2: Regular School Attendance and Full Participation  AOF 3: Support for Academic Achievement |

**Proposed Use of Grant Funds for McKinney-Vento Activities**

**Instructions:**

* Identify proposed activities correlated to Area(s) of Focus supported with the use of **the 2024-2025 McKinney-Vento funds**. Use the following chart to complete activity tables.

|  |  |
| --- | --- |
| 1. **Primary Activity and Description** | Identify a primary activity from a pre-populated drop-down menu. Click on “Choose an item” in Column (1) to choose one primary activity per table. After choosing one activity, double click below the selection box to show the activity without the drop-down option. |
| 1. **Secondary Activities (Optional)** | Identify the secondary activities from a pre-populated drop-down menu that supports the primary activity. Click on “Choose an item” and select no more than one secondary activity per box. Four boxes have been provided. If no secondary activity is selected, select N/A. |
| 1. **Area(s) of Focus** | Identify the Area(s) of Focus supported by the identified activity. |
| 1. **Cycle Year Timelines** | Select the year(s) when the activity will be implemented. |
| 1. **Target Group** | List the target groups and the number (e.g,100 homeless seniors) in each target group that will be served. |
| 1. **Number Served** | Provide the number (e.g,100 homeless seniors) in each target group that will be served. |
| 1. **Description** | Please provide a description (e.g., what, why, who, when, where) of this activity and how it will be implemented. |
| 1. **Budget Line Item(s) Supporting Activity** | Refer to the completed DOE 101S, Budget Narrative Form, and indicate the line item(s) from the proposed budget that will support this activity (e.g., line items 1, 5, and 8). |

***Note: Five activity table templates have been provided in this application. If additional activity tables are needed, copy, cut and paste additional tables. If less than five are needed, delete the extra tables.***

| **A. Primary Activity** | **B. Secondary Activities (Optional)** | **C. Area(s) of Focus** | **D. Cycle Year** | **Target Group and Number Served** | |
| --- | --- | --- | --- | --- | --- |
| **E. Target Group** | **F. Number Served** |
| 1. Choose an item. | Choose an item.  Choose an item.  Choose an item.  Choose an item. | Identification and Enrollment  Regular School Attendance and Full Participation  Support for Academic Achievement | **Year 1**  **Year 2**  **Year 3** |  |  |
|  |  |
|  |  |
| 1. **Please provide a description of this activity and how it will be implemented:**   What is the activity?  Why is the activity needed?  Who will implement it?  When will it be implemented?  Where will it be implemented? | | | | | |
| 1. **Budget Line Item(s) on the DOE 101S Form associated with this activity:** | | | | | |

| **A. Primary Activity** | **B. Secondary Activities (Optional)** | **C. Area(s) of Focus** | **D. Cycle Year** | **Target Group and Number Served** | |
| --- | --- | --- | --- | --- | --- |
| **E. Target Group** | **F. Number Served** |
| 1. Choose an item. | Choose an item.  Choose an item.  Choose an item.  Choose an item. | Identification and Enrollment  Regular School Attendance and Full Participation  Support for Academic Achievement | **Year 1**  **Year 2**  **Year 3** |  |  |
|  |  |
|  |  |
| 1. **Please provide a description of this activity and how it will be implemented:**   What is the activity?  Why is the activity needed?  Who will implement it?  When will it be implemented?  Where will it be implemented? | | | | | |
| 1. **Budget Line Item(s) on the DOE 101S Form associated with this activity:** | | | | | |

| **A. Primary Activity** | **B. Secondary Activities (Optional)** | **C. Area(s) of Focus** | **D. Cycle Year** | **Target Group and Number Served** | |
| --- | --- | --- | --- | --- | --- |
| **E. Target Group** | **F. Number Served** |
| 1. Choose an item. | Choose an item.  Choose an item.  Choose an item.  Choose an item. | Identification and Enrollment  Regular School Attendance and Full Participation  Support for Academic Achievement | **Year 1**  **Year 2**  **Year 3** |  |  |
|  |  |
|  |  |
| 1. **Please provide a description of this activity and how it will be implemented:**   What is the activity?  Why is the activity needed?  Who will implement it?  When will it be implemented?  Where will it be implemented? | | | | | |
| 1. **Budget Line Item(s) on the DOE 101S Form associated with this activity:** | | | | | |

| **A. Primary Activity** | **B. Secondary Activities (Optional)** | **C. Area(s) of Focus** | **D. Cycle Year** | **Target Group and Number Served** | |
| --- | --- | --- | --- | --- | --- |
| **E. Target Group** | **F. Number Served** |
| 1. Choose an item. | Choose an item.  Choose an item.  Choose an item.  Choose an item. | Identification and Enrollment  Regular School Attendance and Full Participation  Support for Academic Achievement | **Year 1**  **Year 2**  **Year 3** |  |  |
|  |  |
|  |  |
| 1. **Please provide a description of this activity and how it will be implemented:**   What is the activity?  Why is the activity needed?  Who will implement it?  When will it be implemented?  Where will it be implemented? | | | | | |
| 1. **Budget Line Item(s) on the DOE 101S Form associated with this activity:** | | | | | |

| **A. Primary Activity** | **B. Secondary Activities (Optional)** | **C. Area(s) of Focus** | **D. Cycle Year** | **Target Group and Number Served** | |
| --- | --- | --- | --- | --- | --- |
| **E. Target Group** | **F. Number Served** |
| 1. Choose an item. | Choose an item.  Choose an item.  Choose an item.  Choose an item. | Identification and Enrollment  Regular School Attendance and Full Participation  Support for Academic Achievement | **Year 1**  **Year 2**  **Year 3** |  |  |
|  |  |
|  |  |
| 1. **Please provide a description of this activity and how it will be implemented:**   What is the activity?  Why is the activity needed?  Who will implement it?  When will it be implemented?  Where will it be implemented? | | | | | |
| 1. **Budget Line Item(s) on the DOE 101S Form associated with this activity:** | | | | | |

### LEA Program Operations Activities

**Project Management**

1. **Provide the information for the Homeless Education Liaison.**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Telephone Number: |  |
| Email Address: |  |
| Qualifications for position |  |
| Percent of time devoted to the McKinney-Vento Program |  |

1. **If the EHCY Project Manager is not the Homeless Education Liaison, list the name and title of the person who will manage the project. If the person is the Homeless Education Liaison, please put N/A in the responses to items 2 and 3.**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Title: |  |
| Percent of time devoted to the McKinney-Vento Program |  |

1. **Describe the tasks that will be conducted by the EHCY Project Manager.**

|  |
| --- |
| Task 1: |
| Task 2: |
| Task 3: |
| Task 4: |

**Additional Program Staffing**

1. **Provide the proposed staff that will support MVP in Year 1.**

***Do not include the Homeless Education Liaison or Project Manager’s information in this table.***

* **In the first column, identify the first and last name of the staff member.**
* **In the second column, identify the job title and major duties of the staff member.**
* **In the third column, identify the FTE of the position.**
* **In the fourth column, only provide the percent of time spent on MVP duties.**
* **In the fifth column, only provide the percent of the position proposed to be funded by this grant.**

| **Name**  **(First, Last)** | **Title/Duties** | **Actual Position**  **FTE (e.g., 1.0)** | **% MVP Duties of Position** | **% MVP**  **Funding** | **% Other Funding** |
| --- | --- | --- | --- | --- | --- |
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1. **Provide a rationale for the proposed staffing. Explain how the LEA ensures that the team has the capacity to achieve the intended outcomes in the Areas of Focus.**

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**Part 4: NEEDS ASSESSMENT**

1. **Data**

**Area of Focus 1: Identification and Enrollment of HCY**

**Homeless Student Identification Rate (HSIR)**

1. **Based on your current homeless student enrollment for 2023-2024, do you anticipate reaching your homeless student identification goal for the current year? Why or why not? Identify your data source.**

1. **Yes or No.** Choose an item.
2. **Why or why not?**

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1. **Identify data source(s).**

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1. **What strategies will be implemented in 2024-2025 to increase identification and enrollment of homeless students? *Number these strategies starting with 1.***

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**Area of Focus 2: Regular School Attendance and Full Participation of HCY**

**Homeless Student Attendance Rate (HSAR)**

1. **Based on your current homeless student enrollment for 2023-2024, do you anticipate reaching your homeless student attendance rate for the current year? Why or why not? Identify your data source.**
2. **Yes or No.** Choose an item.
3. **Why or why not?**

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| --- |
|  |

1. **Identify data source(s).**

|  |
| --- |
|  |

1. **What strategies will be implemented in 2024-2025 to increase attendance of homeless students? *Number these strategies starting with 1.***

|  |
| --- |
|  |

**Area of Focus 3: Support for Academic Achievement of HCY**

**Homeless Student Promotion Rate (HSPR)**

1. **Based on your current homeless student enrollment for 2023-2024, do you anticipate reaching the academic achievement rate for the current year? Why or why not? Identify your data source.**
2. **Yes or No.** Choose an item.
3. **Why or why not?**

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|  |

1. **Identify data source(s).**

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1. **What strategies will be implemented in 2024-2025 to increase the academic achievement rate of homeless students? *Number these strategies starting with 1.***

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1. **Partnership Identification and Contribution**

**Consider the current school year when responding.**

* **In the table below, select up to five major partners that will support each Area of Focus for each school year of the grant period.**
* **In the first column, click on “Choose an item” to identify a partner from a drop-down menu. After choosing one partner per row, double click below the selection box to show the partner without the dropdown option.**
* **In the second column, identify the partner’s expected contribution to the program.**
* **In the third column, identify the Area(s) of Focus in which the partner will assist. Indicate all areas that apply per partner. For ‘Other’, include the partner.**
* **In the fourth column, identify the method of communication between the partner and the local MVP.**

| **Identify Partner** | **Contribution to Program** | **Contribution to Area of Focus** | **Method of Collaboration** |
| --- | --- | --- | --- |
| Choose an item. |  | AOF 1  AOF 2  AOF 3 | Planning Meetings  Phone Calls  Professional Development  Referrals  Other (Please specify): |
| Choose an item. |  | AOF 1  AOF 2  AOF 3 | Planning Meetings  Phone Calls  Professional Development  Referrals  Other (Please specify): |
| Choose an item. |  | AOF 1  AOF 2  AOF 3 | Planning Meetings  Phone Calls  Professional Development  Referrals  Other (Please specify): |
| Choose an item. |  | AOF 1  AOF 2  AOF 3 | Planning Meetings  Phone Calls  Professional Development  Referrals  Other (Please specify): |

## **Part 5: EVALUATION PLAN**

### Instructions:

### Indicate if the LEA will utilize either the Standard Evaluation Plan or the Custom Evaluation Plan. The LEA will provide a description of the evaluation plan.

**OPTION 1: Standard Evaluation Plan**

**The LEA will implement the following Standard Evaluation Plan:**

* The LEA will collect the following information as each project activity is implemented, document as described in the approved Project Implementation Plan, and report on project activities by need area in Project Progress Reports and Project End-of-Year Reports:
  + 1. Title of activity
    2. Name of the lead staff for the activity
    3. Number of events
    4. A description of the participants or recipients
    5. The number of participants or recipients
    6. Deliverables completed
    7. Narrative summary
* The LEA will collect the data necessary to calculate the annual progress toward the Project Goals and related annual outcomes for AOF 1, AOF 2 and AOF 3 as described in the approved Project Implementation Plan.
  + 1. Title of the project outcome
    2. Baseline data (the average of Year 1, Year 2, Year 3)
* Identify who will be responsible for collecting the evaluation data and describe how and when evaluation data will be collected and stored. Optional information: Describe additional evaluation activities that will be conducted.

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### OPTION 2: Custom Evaluation Plan

**The LEA will:**

1. Define the evaluation framework.
2. Describe the evaluation methodology.
3. Identify the process for collecting outcome data, including who, what, when, where and why data are collected.
4. Describe how data will be collected to determine the fidelity of implementation relative to the approved activity schedules for AOF 1, AOF 2 and AOF 3, as described in the approved Project Implementation Plan.
5. Describe the outcomes and related objectives if the evaluation will examine outcomes other than those identified in the Project Design.
6. Describe the process for the selection of an external evaluator, including qualifications (if the LEA selected an external evaluator).

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### Part 6: STRATEGIC IMPERATIVES, EXECUTIVE ORDER

### Support for Strategic Imperatives

**Instructions:**

* Incorporate one or more of the priorities included in Florida's State Board of Education Strategic Plan for the Public School System and the Florida College System. Enter at least one PreK-12 student priority below, and describe how it is incorporated. See the following link for details:

<http://www.fldoe.org/core/fileparse.php/7734/urlt/2025ListMeasures.pdf>.

**Criterion:** The applicant has included effective methods for incorporating one or more of the priorities from Florida's State Board of Education Strategic Plan for the Public School System and The Florida College System.

|  |  |  |
| --- | --- | --- |
| **Strategic Plan Goal** | **Strategic Plan Measure** | **Description of Incorporation** |
| Goal 1 Highest Student Achievement |  |  |
| Goal 2 Seamless Articulation & Maximum Access |  |  |
| Goal 3 Skilled Workforce & Economic Development |  |  |
| Goal 4 Quality Efficient Services |  |  |

### Executive Order

**Instructions:**

* Read the statement on Executive Order 11-116, and then select the checkbox to continue.

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|  | The employment of unauthorized aliens by any contractor is considered a violation of Section 274A (e) of the Immigration and Nationality Act. If the contractor knowingly employs unauthorized aliens, such violation shall be cause for unilateral cancellation of the contract. In addition, pursuant to Executive Order 11-116, for all contracts providing goods or services to the state in excess of nominal value; (a) the Contractor will utilize the E-Verify system established by the U.S. Department of Homeland Security to verify the employment eligibility of all new employees hired by the contractor during the Contract term, (b) require that Contractors include in such subcontracts the requirement that subcontractors performing work or providing services pursuant to the state contract utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term. |