| Local Educational Agency (LEA): | Neglected/Delinquent Facility Name: |
| --- | --- |
| **LEA Street Address:** | Facility Street Address: |
| LEA City/Town, Zip Code: | Facility City/Town, Zip Code: |
| LEA Contact Person: | Facility Contact Person: |
| **LEA Contact Person Telephone:** | Facility Contact Telephone: |
| **LEA Contact E-Mail:** | Facility Contact E-Mail: |
| **LEA BEDS Code:** | |

*CONSULTATION REQUIREMENT:*

As per section 1423 of the Every Student Succeeds Act (ESSA), each LEA that desires funding under Title I, Part D, Subpart 2 shall submit an application to the SEA that contains such information as the SEA may require. In addition, section 1423 requires that LEAs enter into formal agreements regarding the programs to be assisted with correctional facilities and other entities serving children and youth involved with the juvenile justice system. To ensure that such programs and agreements are developed in accordance with section 1423, the New York State Education Department requires that each Title I, Part D application includes evidence of consultation between the local education agency (LEA) and neglected/delinquent facility officials to discuss the following topics that affect the Title I, Part D educational program.

*GOAL OF CONSULTATION:*

The goal of consultation is come to an agreement between the LEA and neglected/delinquent facility officials on how to provide educational programs and appropriate services, including transition services, for students in neglected/delinquent facilities.

*INSTRUCTIONS FOR COMPLETION:*

* Establish consultation dates with all entities involved in the Title I, Part D program. This includes Neglected **AND** Delinquent facilities.
* Maintain a record of consultation meetings
* Indicate the date(s) that each topic was discussed and indicate with a Y or N if an agreement was reached.
* The neglected/delinquent facility must sign the form indicating that they agree, do not agree that timely and meaningful consultation has occurred and also has the option to indicate that consultation has occurred but the outcome does not meet the needs of the students in the neglected/delinquent facility.
* Both the LEA and the neglected/delinquent facility representative must sign the form attesting to consultation between both entities.
* Completely fill out a Budget Proposal.
* Completely fill out a Budget Narrative that includes a **detailed description** of the proposed expenditures as they relate to the Title I, Part D program**.**
* Scan the entire document, with original signatures, and upload as part of the online application.

| WRITTEN AFFIRMATION OF LEA CONSULTATIONWITH NEGLECTED/DELINQUENT FACILITY OFFICIALS | | |
| --- | --- | --- |
| **The following topics must be discussed during the LEA’s consultation with appropriate neglected/delinquent facility representatives. Consultation is not limited to the areas listed below.** | **Date(s) Discussed** | **Date Agreement Reached** |
| **FORMAL AGREEMENT** | | |
| * The Local Educational Agency (LEA) and facility have a formal agreement that outlines the roles and responsibilities of each entity involved with providing Title I, Part D educational services to students that are being held in a neglected or delinquent facility within the district. |  |  |
| **COORDINATION OF SERVICES/PROGRAMMING** | **Date(s) Discussed** | **Agreement Reached (Yes/No)** |
| * The program to be assisted with Title I funding |  |  |
| * How participating schools will coordinate with facilities working with delinquent children and youth to ensure that such children and youth are participating in an education program comparable to one operating in the local school such youth would attend |  |  |
| * The program operated by participating schools to facilitate the successful transition of children and youth returning from correctional facilities and, as appropriate, the types of services that such schools will provide such children and youth and other at-risk children and youth |  |  |
| * The characteristics (including learning difficulties, substance abuse problems, and other special needs) of the children and youth who will be returning from correctional facilities and, as appropriate, other at-risk children and youth expected to be served by the program, and a description of how the school will coordinate existing educational programs to meet the unique educational needs of such children and youth |  |  |
| * How schools will coordinate with existing social, health, and other services to meet the needs of students returning from correctional facilities, at-risk children or youth, and other participating children or youth, including prenatal health care and nutrition services related to the health of the parent and the child or youth, parenting and child development classes, child care, targeted reentry and outreach programs, referrals to community resources, and scheduling flexibility |  |  |
| * Any partnerships with institutions of higher education or local businesses to facilitate postsecondary and workforce success for children and youth returning from correctional facilities, such as through participation in credit-bearing coursework while in secondary school, enrollment in postsecondary education, participation in career and technical education programming, and mentoring services for participating students |  |  |
| * How the program will involve parents and family members in efforts to improve the educational achievement of their children, assist in dropout prevention activities, and prevent the involvement of their children in delinquent activities |  |  |
| * How the program under this subpart will be coordinated with other Federal, State, and local programs, such as programs under title I of the Workforce Innovation and Opportunity Act and career and technical education programs serving at-risk children and youth |  |  |
| * How the program will be coordinated with programs operated under the Juvenile Justice and Delinquency Prevention Act of 1974 and other comparable programs, if applicable |  |  |
| * How schools will work with probation officers to assist in meeting the needs of children and youth returning from correctional facilities |  |  |
| * The efforts participating schools will make to ensure correctional facilities working with children and youth are aware of a child’s or youth’s existing individualized education program |  |  |
| * The steps participating schools will take to find alternative placements for children and youth interested in continuing their education but unable to participate in a traditional public school program |  |  |

*FACILITY NEGLECTED/DELINQUENT FACILITY REPRESENTATIVE*

I agree that timely and meaningful consultation occurred between the LEA and appropriate neglected/delinquent facility representatives regarding the Title I, Part D educational program.

I **do not** agree that timely and meaningful consultation occurred between the LEA and appropriate neglected/delinquent facility representatives regarding the Title I, Part D educational program.

I agree that consultation was timely but the program design does not meet the needs of neglected/delinquent facility students/teachers.

Facility Representative Name (Print) Facility Name

Facility Representative Signature Date

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

I CERTIFY that the information provided above is, to the best of my knowledge, complete and accurate.

Facility Representative Name (Print) LEA Representative Name (Print)

Facility Representative Signature Date LEA Representative Signature Date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title I, Part D, Local Agency Programs**  **Participation of Facilities with Children Who Are**  **Neglected, Delinquent, or At-Risk of Dropping Out of School**  **Budget Proposal** | | | | | |
| **Facility Name** |  | | **Facility Address** |  | |
| **Facility Contact** |  | | **Facility Contact Phone Number** |  | |
| **Facility Contact Email** |  | | **Title I, Part D Allocation Amount** |  | |
| **\*\* THIS FORM MUST BE COMPLETED FOR BOTH NEGLECTED AND DELINQUENT FACILITIES. \*\*** | | | | | |
| **Salaries for Professional Staff (Code 15) - For LEA Employees ONLY** | | | | | |
| **Specific Title** | **% of Salary Paid with Title I Funds** | **Project Salary** | **Description of Service** | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  |  |  |  | | |
| **Salaries for Support Staff (Code 16) - For LEA Employees ONLY** | | | | | |
| **Specific Title** | **% of Salary Paid with Title I Funds** | **Project Salary** | **Description of Service** | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  |  |  |  | | |
| **Purchased Services (Code 40) - For Facility Employees Funded With Title I, Part D** | | | | | |
| **Specific Title** | **% of Salary Paid with Title I Funds** | **Project Salary** | **Description of Service** | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  |  |  |  | | |
| **Purchased Services (Code 40) - For Third Party Contractors (NOT FOR BOCES)** | | | | | |
| **Service Provider** | **Service Cost** | **Proposed Expenditure** | **Description of Service(s)** | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  |  |  |  | | |
| **Supplies and Materials (Code 45) - Includes Equipment That Costs Less Than $5,000 Per Item.** | | | | | |
| **Proposed Expenditure** | **Quantity** | **Unit Cost** | **Description and purpose of item(s)** | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  |  |  |  | | |
| **Travel Expenses (Code 46)** | | | | | |
| **Name and Position of Traveler** | **Calculation of Cost** | **Proposed Expenditure** | **Description *and* Purpose of Travel** | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  |  |  |  | | |
| **Employee Benefits (Code 80)** | | | | | |
| **Benefit** | | | **Rate** | | **Proposed Expenditure** |
| **Social Security** | | |  | |  |
| **Retirement** | **NYS Teachers** | |  | |  |
| **NYS Employees** | |  | |  |
| **Other** | |  | |  |
| **Health Insurance** | | |  | |  |
| **Workers Compensation** | | |  | |  |
| **Unemployment Insurance** | | |  | |  |
| **Supplemental Benefits** | **NYS Teachers** | |  | |  |
| **NYS Employees** | |  | |  |
| **Other** | |  | |  |
| **Life Insurance** | | |  | |  |
| **Indirect Cost:** | | | **Calculation of Cost** | | **Proposed Expenditure** |
|  | | |  | |  |
|  | | |  | |  |
| **Purchased Services with BOCES (Code 49) - For Contracted BOCES Services Provided at a Facility** | | | | | |
| **BOCES**  **Provider Name** |  | | | | |
| **BOCES Staff**  **(Specific Title)** | **% of Salary Paid with Title I Funds** | **Project Salary** | **Description of Service(s)** | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  |  |  |  | | |
| **BOCES Service** | **Service Cost** | **Proposed Expenditure** | **Description of Service(s)** | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  |  |  |  | | |
| **Equipment (Code 20) - ONLY for Single Items Purchased With a Unit Cost More Than $5,000** | | | | | |
| **Quantity** | **Description of Item** | | **Unit Cost** | | **Proposed Expenditure** |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |

**Proposed Budget Total $**

**Title I, Part D, Local Agency Programs**

**Participation of Facilities with Children Who Are**

**Neglected, Delinquent, or At-Risk of Dropping Out of School**

**BUDGET NARRATIVE**

**\*\*\* THIS FORM MUST BE SUBMITTED WITH EACH FACILITY IN THE LEA \*\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility Name:** |  | **Facility Address** |  |
| **Facility Contact:** |  | **Facility Contact Phone Number:** |  |
| **Facility Contact E-Mail:** |  | **Title I, Part D Allocation Amount** |  |

| ***CODE/***  ***BUDGET CATEGORY*** | ***A DETAILED EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the Title I, Part D program at the facility)*** |
| --- | --- |
| ***Code 15***  *Professional Salaries* |  |
| ***Code 16***  *Support Staff Salaries* |  |
| ***Code 40***  *Purchased Services* |  |
| ***Code 45***  *Supplies and Materials* |  |
| ***Code 46***  *Travel Expenses* |  |
| ***Code 80***  *Employee Benefits* |  |
| ***Code 90***  *Indirect Cost* |  |
| ***Code 49***  *BOCES Services* |  |
| ***Code 20***  *Equipment* |  |