

Education for Homeless Children and Youth Grant Program for County Offices of Education

Application Fact Sheet

Please complete and submit this Application Fact Sheet with the Application Narrative, which is due by **4 p.m., on Thursday, March 7, 2024**. Please note that the Application Fact Sheet replaces an application's abstract to assist readers with a summary of the county, as a whole.

There is a second page to this Application Fact Sheet to complete and it needs a required signature from the county office of education's (COE) Superintendent or Designee. Please make sure to sign, scan, and email the Application Fact Sheet to the Homeless Education Request for Application (RFA) email at HERFA@cde.ca.gov. Electronic signatures will also be accepted.

An application without an Application Fact Sheet will be disqualified.

County Office of Education Contact Information

County-District Code:

County Office of Education Name:

Mailing Address:

City:

Zip Code:

Homeless Education Program Contact Information

Homeless Liaison Name:

Mailing Address:

City:

Zip Code:

Telephone Number:

Email Address:

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Please use countywide information when completing this information.

Countywide total enrollment:

Number of local educational agencies
(LEAs) in the county:

Number of charter schools in the county:

Countywide homeless enrollment found
in the 2022–23 DataQuest reports:

Geographic size in square miles:

Total Funds Requested for Fiscal Year (FY) 2024–25:

Previously Received McKinney-Vento Funds: Yes No If yes, when?

COE-Approved Homeless Education Board Policy: Yes No Date:

COE-Approved Homeless Education Administrative Regulations: Yes No Date:

Head Start Preschool: Yes No

State Preschool: Yes No

Number of Low-Cost Extended Stay
Hotels:

Number of Transitional Housing
Programs:

Community Information: Urban Suburban Rural

Number of Shelters: Youth Adult Families

Do you participate in your local Continuum of Care? Yes No

I hereby certify that to the best of my knowledge, the information contained in this application is correct and complete.

Name of Superintendent or Designee:

Telephone:

Signature of Superintendent or Designee:

Date Signed:

Please sign, scan, and email to HERFA@cde.ca.gov. Electronic signatures will be accepted.