Education for Homeless Children and Youth Grant Program for Local Educational Agencies

Application Fact Sheet

Please complete and submit this Application Fact Sheet with the Application Narrative, which is due on Thursday, March 7, 2024, by 4 p.m. A consortium should submit a separate Application Fact Sheet for each local educational agency (LEA) within the consortium. Please note that the Application Fact Sheet replaces an application's abstract to assist readers with a summary of the LEA.

An application without an Application Fact Sheet will be disqualified.

Local Educational Agency Contact Information

Type of LEA	School District	Charter School	Consortium Member						
LEA Name (if consortium, list name of each LEA):									
County-District (CD) Code (if consortium, list CD Code for each LEA):									
School Code for Direct-Funded Charter Schools:									
If a Consortium, Name of LEA Lead:									
Mailing Address:									
City:									
Zip Code:									

Homeless Education Program Contact Information

Homeless Liaison Name:						
Mailing Address:						
City:						
Zip Code:						
Telephone Number:						
Email Address:						
Application F	act S	heet				
Project Title:						
Number of schools in the LEA:	Grade Level Span of the LEA:					
Number of Total Students in the LEA in 2022–23:	Homeless enrollment found in the 2022–23 DataQuest reports:					
Percentage of Homeless Students to Total Enrollment:	Geographic Size in Square Miles:					
Total Funds Requested for Fiscal Year (FY) 20)24–25:					
Previously Received McKinney-Vento Funds:	Yes	No	If yes,	wher	າ?	
Amount of Title I, Part A Funds Reserved for F School Year:	łomeles	s Edu	cation fo	or the	2022-	-23
Amount of Title I, Part A Reservation Funds Exthe 2022–23 School Year:	kpended	l for H	omeles	s Edu	cation	During
Approved Homeless Education Board Policy:	Yes	No	Date:			
Approved Homeless Education Administrative	Regulat	tions:	Yes	No	Date	э:
Head Start Preschool: Yes No		State	Presch	ool:	Yes	No

Number of Low-Cost Extended Stay Hotels:

California Department of Education
December 2023
Attachment 2
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Number of Transitional Housing Programs:

Community Information: Urban Suburban Rural

Number of Shelters: Youth Adult Families

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 <a href="https://example.com/herral/herr