Duluth Public Schools/Duluth Head Start State Funding Approval

Presentation to the School Board Education Committee

Tuesday, December 8, 2015

The State legislature raised our allocation for Head Start. On October 1, we submitted a revision to our State grant to provide a new program option we call Home Base Plus. After some conversation back and forth with the State, we amended our application to provide Home Based services for 12 children. We had to trim the extra services we intended to provide as funds are strictly attached to children. We have approval for \$91,020. to serve 12 children. This will require hiring a full-time early childhood teacher.

Our Home Base option will meet children and families in their homes where they will build a mutual trusting relationship. This relationship based approach will support the family with quality early childhood education to help them make progress on school readiness goals, provide parent education to help build on family strengths and encourage developmentally appropriate expectations, parenting techniques and effective behavior management. In addition, this option will allow for opportunities for families to get together with other families in this program option for socialization.

Families enrolled in this option are expected to be families who could benefit from parenting support, families with children who struggle in a classroom with 15 other children due to a variety of issues, families who for other reasons may not be able to access other Head Start programming options due to barriers like transportation and scheduling.

STATE OF MINNESOTA - DEPARTMENT OF EDUCATION

. Head Start

GRANT ID: 2015-00264

GRANTEE:

Duluth Head Start

PROJECT:

PROGRAM: **Head Start** START DATE: 7/1/2015

END DATE: 6/30/2016 **Current Reimbursement Period Dates**

Thru

Award

FINANCIAL REPORTING EORM

BUDGET ITEMS :-Expenses -- ≥ Budget 💀 - Balance -Current ... Enter actual expenditures for the period. If you wish to spend Salary and Fringe \$397,640.00 \$39,505.12 \$358,134.88 down the Advance, enter the amount in the 'SPEND DOWN' box. Consultant/Contracted Services \$32,150.00 \$327.25 \$31,822,75 Training \$4,020.00 \$127.32 \$3,892.68 Date Form Issued: 12/02/2015 Travel/Transportation \$2,864.00 \$22.31 \$2,841.69 Expenditures Through: 9/30/2015 Equipment over \$5000 per unit \$0.00 \$0.00 \$0.00 Claim No.: 3 Office Expenses \$5,001.00 \$375.82 \$4,625.18 Expended to date: 9.41 % \$12,218.00 \$1,424.54 \$10,793.46 Program Expenses MAIL TO: Grant/Financial Manager: \$36,875.00 \$4,437.12 \$32,437.88 Other Expenses Lisa Boemer Department of Education **Totals** \$490,768.00 \$46,219.48 \$444,548.52 Grant Services Division 1500 Highway 36 W Roseville, MN 55113 Advance Total 🐲 - Balance Spend Down Spent Down Phone: \$40,156.10 \$0.00 (651) 582-8510 \$40,156.10 Fax: (651) 582-8494 Email: Please indicate if this is the final payment: Payment Due lisa.boemer@state.mn.us Yes____ No____

Fill in only 'CURRENT' columns.

State of Minnesota Grant Manager Initials/Date

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms & conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 & Title 31, Sections 3729-3730 & 3801-3812).

checked above.)

(Any remaining funds will be cancelled if 'Yes' is

Print and Return~ SFY2016 Minnesota State Head Start Program Plan

| Section 4: PF | ROJE | OTED MON | ITHLY EXPENDITURES Agency: Duluth Public Schools/Duluth Head Start |
|---------------|------|------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| | | | te Head Start share of projected monthly expenditures. Consider prior state and federal financial reports, significant budget changes. |
| | | | |
| July | \$ | 122,692 | Financial Reporting Schedule: |
| August | \$ | • | Indicate your intended financial reporting cycle: |
| September | \$ | | |
| October | \$ | 122,692 | Monthly (by the 15th of each month): |
| November | \$_ | • | ##################################### |
| December | \$ | - | Quarterly (by 15th of Oct., Jan., April, July) |
| January | \$ | 122,692 | |
| February | \$ | | All final reports must be submitted within 45 days of the end of the fiscal year. |
| March | \$ | <u>.</u> | [[대기가 교통기를 하다 하다 그는 그들은 소설계 및 경우를 하면 이 일이 하는 하는데 모든 |
| April | \$ | 122,692 | NG - 이 발표를 가고싶으면 보고 있는데 그 사람들은 사람들이 없는데 함께 되었다. 그리고 보다 되었다. |
| May | \$ | , . - | |
| June | \$ | _ | |
| TOTAL | \$ | 490,768 | |

Section 5: Assurances and Centification. Agency Name: Duluth Public Schools/Duluth Head Start?

The undersigned, acting on behalf of the agency, agrees to

- 1. Comply with all applicable federal, state and local laws, ordinances, rules and regulations in the performance of this project.
- 2. Deliver services and expend funds for allowable activities as stated in the approved funding application unless modified with the required approval or notification as specified in the following items:
 - a. Request and receive prior approval from Minnesota Department of Education (MDE) of any program changes to be implemented with state Head Start funds.
 - b. Provide notification to MDE of any program changes that are implemented with federal Head Start funds.
- 3. Submit enrollment reports to MDE and, if required, a corrective action plan to comply with Minnesota Statutes 119A.52(b) and the related enrollment policy and procedures. Financial consequences shall be imposed on an agency not meeting full enrollment after the period of corrective action.
- 4. Submit an annual report as specified by MDE.
- 5. Report state-funded services on the annual Program Information Report (PIR) submitted to the federal contractor.
- 6. Provide information to MDE to measure progress in meeting full-day requirements of Minnesota Statute 119A.5411 and to supplement the PIR.
- 7. Provide MDE with a copy of the annual audit summary.
- 8. Submit Financial Reporting Form (FRF) as specified in MDE's payment instructions.
- 9. Notify MDE of any reimbursement payment not received within 30 days of submitting a reimbursement request in accordance with MDE's payment instructions.
- 10. Provide MDE with written documentation supporting reported expenditures within the time period specified by MDE and demonstrate a proper account system in accordance with generally accepted accounting standards.
- 11. Comply with the state desk and on-site monitoring process and allow MDE access to and the right to examine all records, books, papers, or documents related to the project. All records and books of account related to this application shall be preserved by the program for a period of six years from the date of submission of the final expenditure report. If any litigation, claim or audit is started before the expiration of the six-year period, the records shall be retained until all litigation, claims or audit findings have been resolved.
- 12. Establish safeguards to prohibit employees from using their position for any purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- 13. Submit information that is requested by MDE and the Head Start State Collaboration Director in a timely manner. Information requested may include, waiting list surveys and information for HSSCO Annual Needs Assessment.
- 14. Advance will be paid down by December 31, 2015.

If the agency fails to comply with any of the above, MDE may take action to protect the interest of the state of Minnesota including withholding reimbursement of expenditures, disallowance of expenditures, refusal to disburse additional funds, requiring the return of all or part of the funds already disbursed, and possible termination of this agreement.

I declare that the above statement is true and correct and information in this application is accurate and complete.

| Judy Seliga Punyko | School Board Chairperson |
|----------------------------------------------------------|--------------------------|
| Print Name of Identified Official with Authority to Sign | Position Title |
| Challes In | 11/18/15 |
| Signature of Identified Official with Authority to Sign | Date |

This is to certify that I have prepared and/or reviewed the budget plan and projected expenditures being submitted. All costs included in the proposal are allowable and allocable to federal and state funding awards on the basis of a beneficial or causal relationship in accordance with applicable requirements including OMB circulars. Similar types of costs have been applied consistently and, if an indirect cost has been applied, the same costs have not also been claimed as direct costs.

Signature of Official with Authority to Sign Financial Reports

Date

MDE Office Review

Admy Mun

Division Director

MDE Use Only

MDE Administration