



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 13.1p

Meeting Date: August 8, 2024

Subject: Approve SETA Early Head Start for Start No-Cost Extension Basic/COLA/QI 2024-25 school year.

- Information Item Only
- X Approval on Consent Agenda
- Conference (for discussion only)
- Conference/First Reading (Action Anticipated: _____)
- Conference/Action
- Action
- Public Hearing

Division: Early Learning and Care

Recommendation: Approve the remaining FY23-24 SETA Early Head Start No-Cost Extension Basic/COLA/QI in the amount of \$114,000 and the T&TA budget of \$7,500 into the 2024-25 budget.

Background/Rationale: SETA Head Start has provide a No-Cost Extension for the 2024-2025 school year.

Financial Considerations: Request to submit the No-Cost Extension for the 2024-2025 school year.

LCAP Goal(s):

SETA Early Head Start funds will support the implementation of high-quality services to families and their infant and toddler.

Documents Attached:

1. Request to accept the SETA EHS No-Cost Extension Basic/COLA/QI Program Budget Modification.

Estimated Time of Presentation: N/A

Submitted by: Yvonne Wright, Chief Academic Officer

Aida Buelna, ELC Consultant Assistant Superintendent

Approved by: Lisa Allen, Superintendent



REQUEST FOR PROGRAM APPROACH CHANGE AND/OR BUDGET MODIFICATION

Delegate/Partner: Sacramento City Unified School District

Funding Source: Head Start Early Head Start Both

Agreement Number: 23C5551S0

Date: 06/06/2024

I. I/We are requesting the following exhibit(s), attached to the agreement contract referenced above, be modified:

Please check the type of request(s):

Program Options

Budget Modification (changing the dollar amount between cost categories)

For Program Year: _____

Does this involve the purchase of a fixed asset? Yes No

(ACF approval required for all fixed asset purchases)

Will the project be over \$250,000? Yes No

(1303 Facilities Renovation/Repair Application will be required)

Budget Carryover

From Program Year: _____ *to Program Year* _____

(Requires ACF approval)

Change in service days / Calendar Change

Change in Centers / Temporary Closure

Class-size Waiver Request (to enroll up to 24 children in a class(es))

(Requires ACF approval)

One-time Health and Safety Program Improvement Funding Request (pending available funds)

Other: No-Cost Extension

II. Please identify what is in the original agreement and describe the change being requested.

SCUSD is requesting a No-Cost Extension of the remaining EHS FY23-24 funds in the amount of \$126,000. SCUSD has been granted funds to support two EHS class in FY 2024-25 school year. These funds will be use to startup EHS Program and EHS staff trainings.

REQUEST FOR PROGRAM APPROACH CHANGE AND/OR BUDGET MODIFICATION

(Continued)

III. The requested changes are justified based on the following:

These funds will support SCUSD EHS Program and EHS staff in providing quality services for families and their infant/toddler that are enrolled in the program.

IV. For a Budget Modification – Please complete this section if: 1) there are revisions in the budget as a result of the program approach change or 2) the request is specific to a Budget Modification.

NOTE: A Budget Narrative is required to be submitted with the updated Budget Worksheet

Program Year <u>2023-24</u>		Grant #: 09CH011763	
Cost Category/Item Description	Current Budget	Budget Modification	Updated Budget
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Construction			
Other			
TOTAL			
Non-Federal Share <i>(for Carryover Requests Only)</i>			
Non-Federal Share	Current Budget	Budget Modification	Updated Budget
Please describe how agency will obtain the Non-Federal Share:			

IV. I am authorizing that this request be submitted to SETA on behalf of the program referenced above and do so pursuant to the Resolution Authorizing Execution of Service Provider Subgrant/Delegate Agency Agreement/Service Contract from the Sacramento Employment and Training Agency included in this agreement contract.

DATE: 06/06/2024

Mary Hardin Young

(Authorized Signature)

Mary Hardin Young

(Typed Name) (Title)

Deputy Superintendent

APPROVED BY POLICY COMMITTEE (See instruction if required):

DATE OF MEETING: _____

DATE: _____

(Signature of Chairperson, Policy Committee)

(Typed Name)

APPROVED BY GOVERNING BODY (See instructions if required):

DATE OF MEETING: _____

DATE: _____

(Signature of Chairperson, Board of Trustee or Board of Directors)

(Typed Name)

APPROVED BY GRANTEE:

DATE: _____

(Karen Griffith, Head Start Deputy Director)

For Internal Use Only

Tracking:

Date Received: _____

(Melanie Nicolas,
CFS Program Officer/Administration)

Date Approved: _____

Date Approved: _____

(Victor Han, Fiscal Manager)

Comments: