



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 13.1g

**Meeting Date:** August 08, 2024

**Subject:** Approve SETA Head Start Head Start No-Cost Extension for 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 Head Start No-Cost Extension in the amount of \$1,080,000 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 No-Cost Extension for the 2024-2025 school year.

**LCAP Goal(s):**

SETA Early Head Start Funds will be used for deferred maintenance for unfinished projects that were previously approved in the SCUSD 2023-24 Grant. In addition, provide materials, supplies, and resources to support the program in providing an indoor/outdoor learning environment.

**Documents Attached:**

1. Request to accept the SETA Head Start No-Cost Extension 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: 06/6/2024

**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 funds in the amount of \$1,080,000 (FY23-24). We will be using funds for the deferred maintenance at Hiram Johnson, unfinished projects at Bowling Green McCoy and Lisbon that were previously approve in the SCUSD 2023-24 Grant (Equipment Category), and additional supplies as needed to support classroom and teachers.

We also want to use the funds for sending two clinicians to the International Conference by Association of Play Therapy. This conference offers various play therapy trainings using different modalities that we can use in the school setting.

REQUEST FOR PROGRAM APPROACH CHANGE AND/OR BUDGET MODIFICATION

(Continued)

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

These changes will help increase classroom health and safety and improve facilities condition. Complete large projects that was previously approved.

These training will also help increase the quality of our mental health consultation. Our clinicians provide relationship based support in the classroom and utilize play therapy using sand tray to address challenging behaviors with individual students.

**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			
<b>TOTAL</b>			
<b>Non-Federal Share</b> <i>(for Carryover Requests Only)</i>			
<b>Non-Federal Share</b>	<b>Current Budget</b>	<b>Budget Modification</b>	<b>Updated Budget</b>
	\$1,840,448.75	\$123,520.00	\$1,963,968.75
<b>Please describe how agency will obtain the Non-Federal Share:</b>			
The program will use salaries and benefits paid by State funding to generate In-kind/non-federal share in the Wrap and Full-day Preschool Programs.			

**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



\_\_\_\_\_  
(Authorized Signature)

Mary Hardin Young

\_\_\_\_\_  
(Typed Name)

Deputy Superintendent

\_\_\_\_\_  
(Title)

**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: