

Delaware Department of Education  
Opportunity Funding Form  
2019-2020 School Year

Opportunity Funding  
*Directed funds for mental health services*

**Application deadline: Friday, Aug. 9, 2019**

**Purpose:** The Opportunity Funding directed to mental health services provides \$5.0 million in FY20, \$2.5 million in HB 225 (Annual Appropriations Act) and \$2.5 million authorized in HB 226 (One-Time Supplemental). With a total supplemental amount of \$7.5 million over three years, the total amount will be \$15 million *contingent on future appropriations*.

It shall be apportioned to schools which qualify for a Reading Interventionist under the Student Success Block Grant as detailed in House Bill 225 (the FY20 operating budget).

This funding shall be used by school districts and charter schools for *mental health services* in the form of school counselors, school social workers or licensed clinical social workers, school psychologists, and/or for additional reading supports for grades K-5. Services may include the employment of staff, where such funding may be used to cover 100 percent of personnel costs on a 10 to 12-month basis and/or contracted services.

This funding is allocated separately from the directed funds for English learners and low-income students.

**Allocation Method:** Amounts vary per school and that amount is indicated below. Each LEA has already received the first half of the funding; the second amount will be released upon receipt and approval of this application.

|  |
|--|
| DISTRICT/CHARTER NAME: Colonial School District<br>Pleasantville Elementary School |
| ADDRESS:<br><b>16 Pleasant St. New Castle</b>                                      |
| CONTACT NAME:<br><b>Jenn Alexander</b>   |
| CONTACT PHONE:<br><b>302-323-2935</b>  |
| CONTACT EMAIL:<br><b>jennifer.alexander@colonial.k12.de.us</b>                     |
| ALLOCATION AMOUNT: \$87,924  |

**Overall summary**

1. What will you do to offer mental health supports specifically to low-income and English language learners?

Pleasantville is using the funds for reading support.

2. How will the funding also assist students not in those two subgroups?

Pleasantville is using the funds for reading support.

3. What kind of specialist are you hiring (school counselor, school social worker, licensed clinical social worker or school psychologist)?

Reading interventionist

4. Are you using this money for additional reading supports in addition to mental health services? If so, what types of services will be provided?

The reading interventionist will work with small groups of primarily EL and low income students on specific areas of need as determined by the available assessment data. These groups can be done via push-in or pull-out as determined by the school and classroom schedule and logistics.

5. Is this money is being used to contract services?

YES  NO

6. Please provide a copy of your expenditure plan.

**Assurances and signatures:**

As the chief school officer of the district or school, including the indicated school, I am authorized to submit for the funds identified in this form. I am also authorized to obligate the district or charter school to conduct any activity approved under this form in accordance with all applicable state requirements, including statutory and regulatory requirements, and program specific requirements. The information contained in it is true and correct to the best of by knowledge and belief. By submitting this form, I acknowledge that I understand and agree to abide by all applicable requirements. I further agree that

1. I understand that this funding may not be used to supplant otherwise available funding.
2. I understand that our district shall be authorized to assess a local match to provide for the local contribution of personnel costs associated with this appropriation (districts only).

**Chief School Officer (printed name):** D. Dusty Blakey

Signature:  \_\_\_\_\_ Date: 8-26-19

As the business manager of the district or school, including the indicated school, I am authorized to submit for the funds identified in this form. I have read this form and reviewed the financial information contained in this form. The information contained in this form is true and correct to the best of my knowledge and belief. I have reviewed and approve the submission of the budgetary information for this form. By submitting this form, I acknowledge that I understand and agree to abide by all applicable requirements. I further agree that

1. I understand that this funding may not be used to supplant otherwise available funding.
2. I understand that our district shall be authorized to assess a local match to provide for the local contribution of personnel costs associated with this appropriation (districts only).

**Business manager (printed name):** Emily Falcon

Signature:  \_\_\_\_\_ Date: 8-26-19

By signing this form, I am approving the plan submitted by the district or charter.

**Secretary of Education/Designee (printed name):** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## State of Delaware Department of Education State Funds Budget Form

State Subgrant: Mental health & Reading Supports  
 Project Title: Pleasantville  
 LEA/Agency: Colonial School District

Project Start Date: 8/21/2019  
 Project End Date: 6/15/2020

| Expense Types and Account Codes:<br>Salaries (5100) and Other Employee Costs (5120) |                         |                |  |                       |                |              |
|---|-------------------------|----------------|--|-----------------------|----------------|--------------|
| Employee Name   | Title                   | FTE Percentage |  | State Funds Requested | Matching Funds | Total Funds  |
| <b>PROFESSIONAL:</b>  |                         |                |  |                       |                |              |
| FHD   | Reading interventionist | 100%           |  | \$50,000.00           | \$20,000.00    | \$70,000.00  |
| Professional Subtotal   |                         |                |  | \$50,000.00           | \$20,000.00    | \$70,000.00  |
| <b>SALARY TOTAL:</b>  |                         |                |  | \$50,000.00           | \$20,000.00    | \$70,000.00  |
| <b>OTHER EMPLOYEE COSTS:</b>  |                         |                |  |                       |                |              |
| FICA  |                         | 6.20%          |  | \$3,100.00            | \$1,240.00     | \$4,340.00   |
| Medicare  |                         | 1.45%          |  | \$725.00              | \$290.00       | \$1,015.00   |
| Pension   |                         | 23.02%         |  | \$11,510.00           | \$4,604.00     | \$16,114.00  |
| Workman's Comp  |                         | 1.55%          |  | \$775.00              | \$310.00       | \$1,085.00   |
| Unemployment Insurance  |                         | 0.11%          |  | \$55.00               | \$22.00        | \$77.00      |
| Health Insurance/Other Non-taxed Benefits   |                         | 32.33%         |  | \$21,759.00           |                | \$21,759.00  |
| <b>OEC TOTAL:</b>   |                         |                |  | \$37,924.00           | \$6,466.00     | \$44,390.00  |
| <b>SALARY AND OEC TOTAL:</b>  |                         |                |  | \$87,924.00           | \$26,466.00    | \$114,390.00 |

| Expense Types and Account Codes:<br>Travel (5400) |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| <b>TOTAL TRAVEL COSTS</b>                         |  |  |  |  |  |  |

| Expense Types and Account Codes:<br>Contractual Services (5500) |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| <b>TOTAL CONTRACTUAL SERVICES COSTS</b>                         |  |  |  |  |  |  |

| Expense Types and Account Codes:<br>Supplies and Materials (5600) |          |            |  |                       |                |             |
|---|----------|------------|--|-----------------------|----------------|-------------|
| Item Description  | Quantity | Unit Price |  | State Funds Requested | Matching Funds | Total Funds |
| <b>TOTAL SUPPLIES AND MATERIALS COSTS</b>                         |          |            |  |                       |                |             |

| Expense Types and Account Codes:<br>Capital Outlay (5700) |          |            |  |                       |                |             |
|---|----------|------------|--|-----------------------|----------------|-------------|
| Item Description  | Quantity | Unit Price |  | State Funds Requested | Matching Funds | Total Funds |
| <b>TOTAL SUPPLIES AND MATERIALS COSTS</b>                 |          |            |  |                       |                |             |

|                    |                              |                       |                     |
|--------------------|------------------------------|-----------------------|---------------------|
| <b>GRAND TOTAL</b> | <b>State Funds Requested</b> | <b>Matching Funds</b> | <b>Total Funds</b>  |
|                    | <b>\$87,924.00</b>           | <b>\$26,466.00</b>    | <b>\$114,390.00</b> |

