Delaware

Department of Education

Opportunity Funding for Mental Health Services

For more information and to submit applications:

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Funding Period: Fiscal Year 2020

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 quality 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: Seaford School District Seaford Central Elementary School
ADDRESS: 1 Delaware Place Seaford, DE 19973
CONTACT NAME: corey miklus
CONTACT PHONE: 302-629-4587
CONTACT EMAIL: corey.miklus@seaford.k12.de.us
ALLOCATION AMOUNT: $89,815

Overall summary

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

NA

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

NA

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

NA

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?

Yes. Reading interventionists will be hired to support our ELL and low income students in our Bookworms reading program. The reading interventionists will also support our ELL and low income students in Tier II instruction.

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

YES [ ] NO [X]

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): David Perrington

Signature: _____ Date: 8/15/19

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): Susan Donaghue

Signature: _____ Date: 8/15/19

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

BUDGET SUMMARY OF FEDERAL FUNDS

LEA/Agency Name: Seaford School District - Central

Federal Grant Title: 0

Project Title: Mental Health Opportunity Grant

	Account Code	*5100*	*5120*	*5400*	*5500*	*5500*	*5560*	*5600*	*5700*	*Total*	*Percentage*
	Account Code Name	*Salaries*	*OEC's*	*Travel*	*Contracted Services*	*Audit Fees*	*Indirect*	*Supplies & Materials*	*Capital Outlay*	*Budget*	*of Budget*
ACTIVITY											
0		67,872	21,943	0	0	0	0	0	0	89,815	100.00%
	Total Budget	67,872	21,943	0	0	0	0	0	0	89,815	100.00%

Completed By: [signature]

Date: 8/15/2019

Chief Financial Officer or Business Manager: [signature]

Date: 8/15/2019