

July 22, 2010

## MEMORANDUM

**TO: COMMUNITY NON-PROFIT ORGANIZATIONS**

**FROM: HOUSTON COUNTY SCHOOLS**

**RE: ALABAMA STUDENT ASSISTANCE PROGRAM**

Alabama legislation requires local boards of Education in Alabama to submit an at-risk plan to the State Superintendent of Education. Legislation pertaining to students at risk reads as follows:

It is the intent of the Alabama Legislature that schools and school systems involve the community in planning and implementing at-risk programs. Therefore, schools shall expend at least 20% of the at risk funds to partner with non-profit community organizations in planning and implementing at-risk programs, which directly assist in improving academic performance. Such programs may include, but not be limited to, Boys and Girls Clubs, YMCAs, 21<sup>st</sup> Century Leadership, Pell City Bridge Builders, Alabama Young Farmers Education Program, and local civic and charitable organizations. It is the intent of the Legislature that these funds not be utilized to partner with governmental nor quasi-governmental agencies and entities whose functions already indulge programs designated for at-risk funding. In appropriate situations, businesses may partner with schools or school systems for at-risk programs but may not receive any compensation or reimbursement for expenses or other costs.

The Houston County Board of Education would like to offer your organization the opportunity to participate in providing effective programming for our students at risk of school failure. Enclosed is an application for your consideration and response. Please complete and return the application to Ronald Thomas at 404 W. Washington St., Dothan, AL 36301 by **August 10, 2010**. Please submit a completed application for each program offered.

**The At Risk planning team will consider any program designed to address issues of At Risk youth, but it is particularly interested in (1) programs to provide tutoring and mentoring services to pupils at high risk of school failure or dropping out, and (2) programs to provide behavior management skills to pupils.**

If you have questions or plan to submit a proposal, you should contact Ronald Thomas at 334-790-0815. Our school system is looking forward to the opportunity to collaborate with you as we continue to serve our community's students who are at risk of school failure.

Enclosure

FY11 APPLICATION TO  
PARTICIPATE IN TWENTY PERCENT (20%) STATE AT-RISK FUNDS  
DESIGNATED FOR PARTICIPATION OF NON-PROFIT COMMUNITY AGENCIES

**HOUSTON COUNTY SCHOOLS**

At-Risk Coordinator: RONALD THOMAS

Address: 404 W. WASHINGTON ST. , DOTHAN, AL 36301

Telephone: 334-790-0815 Fax: 334-792-1016 E-mail: ronthomas\_ups@yahoo.com

Identified prioritized needs from the Houston County Schools At-Risk Plan:

1. Academic assistance to pupils

2. Behavioral assistance to pupils

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**COMPLETE THE INFORMATION REQUESTED BELOW FOR EACH  
PROGRAM YOU SUBMIT AND RETURN NO LATER THAN AUG. 10, 2010.**

Name of Non-profit Agency: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street No. Street City State Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

(1) Is your agency a non-profit, community agency? Yes  No

(2) Is your agency/group interested in and/or willing to work collaboratively with Houston County Schools in providing programming for students at risk of school failure in your community? Yes  No

If you answer no to either question above, please do not complete any further questions, but return this inquiry to Mr. Thomas at the address above. If yes, please complete the application in detail and return to Houston County Schools no later than AUGUST 10, 2010.

**(3) What services will be provided by the non-profit community agency that will assist Houston County Schools in providing effective programming for students at risk of school failure? Specify and describe.**

**Name of proposed program:** \_\_\_\_\_

**Schools or grades to be served:** \_\_\_\_\_

**Location of proposed services:** \_\_\_\_\_

**Time offered:** \_\_\_\_\_ **Start/end dates:** \_\_\_\_\_

**Number of students that can be served:** \_\_\_\_\_

**Program cost:** \_\_\_\_\_

**Program staff/personnel titles and/or job description(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Summary program description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(If selected to provide services, the agency will be required to submit a complete program plan.)**

**(4) What student population is targeted by this program?**

**(Check all that apply.)**

Pre-Kindergarten

Students with academic difficulty.

Males

Elementary

Students with behavioral difficulty.

Females

Middle/Junior High School

Students with combination of  
academic/behavioral difficulty.

Males/Females

High School

Other, specify:

Other, specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(5) Describe the evaluation process for measuring the effectiveness of this program:**

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**(6) If selected to provide services, the agency must submit resumes of all staff/personnel involved in the above-listed program.**

**(7) Any agency personnel afforded unsupervised access to pupils must submit to background check at the agency's expense.**

**(8) If selected, provide IRS letter or other documentation that the agency has 501(C)3 status.**

**Signature(s)**

\_\_\_\_\_  
**Non-Profit, Community Agency Contact**

\_\_\_\_\_  
**Date**

**AND/OR**

\_\_\_\_\_  
**Non-Profit, Community Agency Director**

\_\_\_\_\_  
**Date**

**ADD AN ADDITIONAL APPLICATION FOR EACH PROGRAM**