

FY12 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

**COMPLETE THE INFORMATION REQUESTED BELOW FOR EACH
PROGRAM YOU SUBMIT AND RETURN NO LATER THAN JULY 18, 2011.**

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, non-governmental community agency with 501(c)3 tax status ? Yes No

(2) Is your agency/group interested in and/or willing to work collaboratively during FY 2012 (Oct 1, 2011 – Sept 30, 2012) 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. If you can answer yes to both questions, please complete the application in detail and return to Houston County Schools no later than JULY 18, 2011.

(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: _____

(Indirect and administrative costs may not exceed 5% of total costs.)

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:

(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