

AREA 1 MCKINNEY-VENTO MINI-GRANT APPLICATION

Will County Regional Office of Education, 116 N. Chicago St. Joliet, IL. 60432 (815) 740-8360

SCHOOL DISTRICT

District Name _____ Phone _____

Title I McKinney-Vento Set Aside \$ _____ Title I McKinney-Vento Spent YTD \$ _____

McKinney-Vento Liaison _____

Attendance Center (School) _____

Attendance Center City _____ State _____ Zip _____

STUDENT INFORMATION

Student Name _____ DOB _____ Grade Level _____

Caregiver Name _____ Relationship _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

MINI-GRANT REQUEST

(Questions should be directed to Shelly Madjouranis-Clumpner: SMadjouranis@WillROE.org)

Services Requested: (check all that apply): ☐ Tutoring or other instructional support; ☐ Expedited evaluation; ☐ Staff development/awareness; ☐ Referrals for medical, dental, and other health services; ☐ Special Trans.; ☐ Early childhood programs; ☐ Assistance with participation in school programs; ☐ Before/after-school, mentoring, summer programs; ☐ Recreational (YMCA, Park District); ☐ Obtaining or transferring records necessary for enrollment; ☐ Parent education related to rights/resources; ☐ School supplies; ☐ Coordination between schools and other agencies; ☐ Counseling; ☐ Addressing needs related to domestic violence; ☐ Clothing to meet a school requirement; ☐ Referral to other programs and services; ☐ Emergency assistance related to school attendance; ☐ Other _____

Amount Requested \$ _____ Requested By _____ Position _____

Description _____

District Homeless Liaison (sign) _____ Date _____

Regional Liaison Approval (sign) _____ Date _____

Check Payable to: _____

Send To: Entity _____ Attn: _____

Street Address: _____

City _____ State _____ Zip _____

INSTRUCTIONS

Complete all items above. Attach any supporting documentation (i.e paid invoice, receipt, and/or proof of service performed or receipt of item). Reimbursement is made upon receipt of item or after service has been performed.