

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item#_13.1p_

<u>Meeting Date</u> : Aug	gust 8, 2024
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Subject: Approve SETA Early Head Start for Start No-Cost Extension Basic/COLA/QI	
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Conference/First Reading (Action Anticipated:)	
Conference/Action	
Action	
Public Hearing	

Division: Early Learning and Care

<u>Recommendation</u>: Approve the remaining FY23-24 SETA Early Head Start No-Cost Extension Basic/COLA/QI in the amount of \$114,000 and the T&TA budget of \$7,500 into the 2024-25 budget.

<u>Background/Rationale</u>: SETA Head Start has provide a No-Cost Extension for the 2024-2025 school year.

<u>Financial Considerations</u>: Request to submit the No-Cost Extension for the 2024-2025 school year.

LCAP Goal(s):

SETA Early Head Start funds will support the implementation of high-quality services to families and their infant and toddler.

Documents Attached:

1. Request to accept the SETA EHS No-Cost Extension Basic/COLA/QI Program Budget Modification.

Estimated Time of Presentation	: N/A

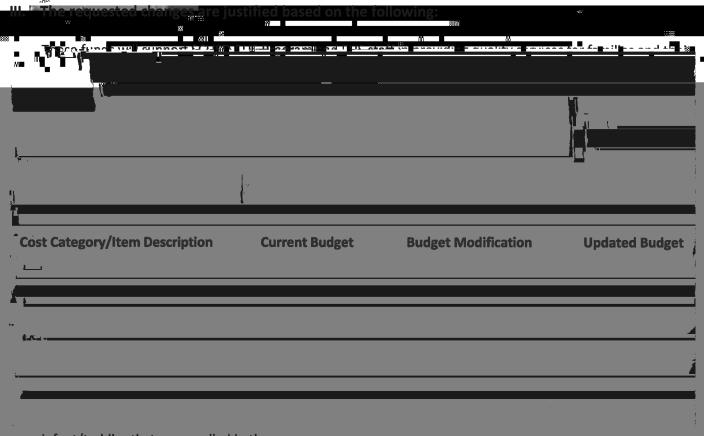


REQUEST FOR PROGRAM APPROACH CHANGE AND/OR BUDGET MODIFICATION

Delegat	te/Partner:	Sacramento City Unified School	District
Funding	g Source	Head Start ⊠Early Head Star	rt □Both
Agreem	nent Nu	23C5551S0	Date: 06/06/2024
	modified:	equesting the following exhib	oit(s), attached to the agreement contract referenced above, be
		Program Options	
	Budget Modification (changing the dollar amount between cost categories) For Program Year:		
		es this involve the purchase of a CF approval required for all fixed asset	
		ll the project be over \$250,000? 303 Facilities Renovation/Repair Applica	
	Fro	et Carryover m Program Year: Requires ACF approval)	to Program Year
	☐ Chan	ge in service days / Calendar	Change
	☐ Chang	ge in Centers / Temporary Clo	osure
		-size Waiver Request (to enro equires ACF approval)	ll up to 24 children in a class(es)
	One-t	time Health and Safety Progra	am Improvement Funding Request (pending available funds)
	Other	r: No-Cost Extension	
II.	Please ider	ntify what is in the original ag	reement and describe the change being requested.
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REQUEST FOR PROGRAM APPROACH - ... NGE AND/OR BUDGET MODIFICATION

(Continued)



infant/toddler that are enrolled in the program.

Construction

Other

IV. For a Budget Modification – Please complete this section if: 1) there are revisions in the budget as a result of the program approach change or 2) the request is specific to a Budget Modification.

Updated Budget

NOTE: A Budget Narrative is required to be submitted with the updated Budget Worksheet

Personnel
Fringe Benefits
Travel
Equipment
Supplies
Contractual

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	nt/Service Contract fr t contract.	rom the Sacramento Employment and Training Agency included in th
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/ATL.		(Authorized Signature
		Mary Hardin Young
		(Typed Name) (Title)
		Deputy Superintendent
APPR	OVED BY POLICY CO	MMITTEE (See instruction if required):
DATE	OF MEETING:	

APPROVED BY GRANTEE:	
DATE:	(Karen Griffith, Head Start Deputy Director
	For Internal Use Only
Date Received:	(Melanie Nicolas,
Date Approved:	CFS Program Officer/Administration)
Date_Annroved.	
	(Victor Han, Fiscal Manager)
Comments	