

LaSalle County Regional Office of Education #35  
McKinney-Vento Homeless Children and Youth Program  
Request for Funds

1. DISTRICT INFORMATION

Date \_\_\_\_\_ Liaison \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_  
District Name \_\_\_\_\_ RCDT Code \_\_\_\_\_

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2. HOMELESS SERVICES: Please circle the intended use(s) of the grant funds.

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|--|---|---------------------------------------|
| 1. Tutoring                            | 2. Expedited evaluations                            | 3. Professional development           |
| 4. Referral services                   | 5. Excess Transportation                            | 6. Early Childhood/Preschool Programs |
| 7. Services and assistance             | 8. Before/After school, Mentoring & summer programs | 9. Enrollment records                 |
| 10. Parent Education                   | 11. Coordination school and agencies                | 12. Pupil Services/Counseling         |
| 13. Domestic violence                  | 14. Adaptation of space and supplies                | 15. School Supplies                   |
| 16. Extraordinary/Emergency Assistance |   |                                       |
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3. REQUEST FOR FUNDS

A. Amount of funds requested

B. Describe the use of funds:

4. TERMS AND CONDITIONS

I certify that the liaison identified above is authorized to act on behalf of the education agency with regard to the proposed program(s). I also certify that the program funds will be used in accordance with the McKinney-Vento Homeless Children and Youth Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent/Authorized Official