

# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 13.1h

Meeting Date: November 16, 2023

<u>Subject</u>: Approve SETA Head Start Budget Carryover from Program 2022 -2023 to

2023-2024

	Information Item Only
Χ	Approval on Consent Agenda
	Conference (for discussion only)
	Conference/First Reading (Action Anticipated:
	Conference/Action
	Action
	Public Hearing

**Division**: Early Learning and Care

Recommendation: Request to carry the rndation

h a 2023 school year, we were able to use the CSPP funds instead of Head Start to help offset the cost of large improvement projects, in which those funds would not be carried over.

<u>Financial Considerations</u>: Request to carry the remaining Head Start funds of \$786,928 from Year 3 (2022-23) to Year 4 (2023-2024). We plan to use the remaining funds to complete the large flooring project and infrastructure improvements as previously approved in the grant. This will be a great opportunity to improve conditions and services for children and families.

#### LCAP Goal(s):

Goal 1: College Career Readiness

Goal 2: Foundational Educational Experience with Equitable Opportunities for ALL

students

Goal 3: Integrated Supports

Goal 4: Culture and Climate – Dismantling Systems

Goal 6: Implementation of MTSS/Data-Based Decision Making Goal 8: Basic Services and Districtwide Operations/Supports

### Documents Attached:

2. Request for Program Approach Change and/or Budget Modification

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Estimated Time of Presentation : N/A

Submitted by: Yvonne Wright, Chief Academic Officer E'leva Hughes Gibson, Assistant Superintendent

Approved by: Lisa Allen, Interim Superintendent

# REQUEST FOR PROGRAM APPROACH CHANGE AND/OR BUDGET MODIFICATION

Eunding Source: ☑ Head Start □Early Head Start □Both  Agreement Number 23C5551S0 Date 9  I. I/We are requesting the following exhibit(s), attached to the agreement contract referenced above, be    Program Options   Program Options   Program Vear   Program Vear	Delegate/Partner: Sacramento City Unified School District						
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W. I am authorizing that this request be submitted to SETA on behalf of the program referenced		o SETA on behalf of the program referenced above and
	do so pursuant to the	cution of Service Provider

Agreement/Service agreement contract.

from the Sacramento Empl

and Training Agency included in this

DATE:

9/13/23

(Authorized Signature)

Dr. E'leva Gibson (Typed Name)

**Assistant Superintendent** 

(Title)

### **APPROVED BY POLICY COMMITTEE** (See instruction if required)

DATE OF MEETING 2

DATE:

/ /

(Signature of Chairpe

Policy Committee)

(Typed Name)

## **APPROVED BY GOVERNING BODY** (See instructions if required)

DATE OF MEETI

DATE