



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 13.1g

Meeting Date : August 08, 2024

Subject : Approve SETA Head Start Head Start No-Cost Extension for 2024-25 school year.

al4q (he)ueson, to Head Start SETA No-Cost Extension Program Budget

Modification.

Estimated Time of Presentation : N/A
Submitted by: Yvonne Wright, Chief Academic Officer
Aida Buelna, ELC Consultant Assistant Superintendent
Approved by : Lisa Allen, Superintendent

REQUEST FOR PROGRAM APPROACH CHANGE AND/OR BUDGET MODIFICATION

Delegate/Partner: Sacramento City Unified School District

[REDACTED]

Agreement Num 23C5551S0

Date: 06/6/2024

I. I/We are requesting the following exhibit(s), attached to the agreement contract referenced above, be modified:

Please check the type of request(s):

Program Options

Budget Modification (changing the dollar amount between cost categories)

For Program Year

Does this involve the purchase of a fixed asset? Yes No

(ACF approval required for all fixed asset purchases)

Will the project be over \$250,000? Yes No

[REDACTED]

REQUEST FOR PROGRAM APPROACH CHANGE AND/OR BUDGET MODIFICATION

(Continued)

The requested changes are justified based on the following:

[Redacted content]

These changes will help increase classroom health and safety and improve facilities condition. Complete

[Redacted content]

[Redacted content]

[Redacted content]

[Redacted content]

[Redacted content]

[Redacted content]

IV. I am authorizing that this request be submitted to SETA on behalf of the program referenced above and do so pursuant to the Resolution Authorizing Execution # _____ included in this agreement contract.

DATE: 06/06/2024


(Authorized Signature)

Mary Hardin Young
(Typed Name)
Deputy Superintendent
(Title)

APPROVED BY POLICY COMMITTEE (See instruction if required):

DATE OF MEETING:

(Signature of Chairperson, Policy Committee)

(Typed Name)

APPROVED BY GOVERNING BODY (See instructions if required):

DATE OF MEETING:

(Signature of Chairperson, Board of Trustee or Board of Directors)

(Typed Name)

APPROVED BY GRANTEE:

DATE: _____

(Karen Griffith, Head Start Deputy Director)

For Internal Use Only

Date Received

(Melanie Nicolas,
CFS Program Officer/Administration)

Date Approved:

Date Approved:

(Victor Han, Fiscal Manager)

