

Date

MEMORANDUM

TO:

(Non-profit, Non-governmental Community Agency Name)

FROM: Opelika City Schools

(Local Education Agency Name)

RE: Alabama Student Assistance Plan

Alabama legislation requires LEAs in Alabama to submit an at-risk plan to the State Superintendent of Education. Legislation pertaining to students at risk reads as follows:

It is the intent of the Alabama Legislature that schools and school systems involve the community in planning and implementing at-risk programs. Therefore, schools shall expend at least 20% of the at-risk funds to partner with non-profit community organizations in planning and implementing at-risk programs, which directly assist in improving academic performance. Such programs may include, but not be limited to, Boys and Girls Clubs, YMCAs, 21st Century Leadership, Pell City Bridge Builders, Alabama Young Farmers Education Program, and local civic and charitable organizations. It is the intent of the Legislature that these funds not be utilized to partner with governmental nor quasi-governmental agencies and entities whose functions already indulge programs designated for at-risk funding. In appropriate situations, businesses may partner with schools or school systems for at-risk programs but may not receive any compensation or reimbursement for expenses or other costs.

The Opelika City Schools would like to offer your organization the opportunity to participate in providing effective programming for our students at risk of school failure. Enclosed are copies of the at-risk Alabama legislation and application(s) for your consideration and response. Please complete and return the application to Steven P. Carson at Opelika City School by October 4, 2010. Please submit a completed application for each program offered.

If you have questions, you may contact Steven P. Carson at 334-745-9700. Our school system is looking forward to the opportunity to collaborate with you as we continue to serve our community's students who are at risk of school failure.

SPC

Enclosures

cc FY 2011 Application To Participate in 20% State-At-Risk Funds

FY 2011 APPLICATION TO PARTICIPATE IN 20% STATE AT-RISK FUNDS DESIGNATED FOR PARTICIPATION OF NON-PROFIT, NON-GOVERNMENTAL COMMUNITY AGENCIES

**LOCAL EDUCATION AGENCY (LEA) TO RECEIVE
NON-PROFIT, NON-GOVERNMENTAL COMMUNITY SERVICES**

Steven P. Carson	steven.carson@opelikaschools.org	Opelika City Schools
ASAP Coordinator	E-mail Address	Local Education Agency
300 Simmons ST/P.O. Box 2469	334-745-9700	334745-9706
Address (Street/Number, City, Zip Code)	Telephone Number	Facsimile Number
From the FY 2010 LEA State At-Risk Needs Assessment, list the identified prioritized needs for ASAP:		
1.	3.	
2.	4.	

To be completed by the LEA mailing the FY11 Application(s).

NON-PROFIT, NON-GOVERNMENTAL COMMUNITY SERVICES

Community Agency Name		Agency Contact Person/Title		Address (Street, City, State, Zip Code)	
Telephone		Fax		E-mail	
Is your agency a non-profit, non-governmental community agency? If "Yes", attach appropriate documentation of non-profit, non-governmental status (Section 501(c)(3)).				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your agency/group interested in and/or willing to work collaboratively with the identified LEA in providing programming for students at risk of school failure in your community?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answer "No" to any of the questions above, please do not complete the form below. If "Yes", please complete the application in detail. All forms should be returned to the address on the previous page.					
What services are provided by the non-profit, non-governmental community agency that will assist the LEA in providing effective programming for public school students at risk of school failure? Specify and describe.					
Program		Location		Program Cost	
Time Offered		Start/end Dates		Number of students that can be served	
Program staff/personnel titles and/or job descriptions:					
Program description: (Description should be provided in a format that may be used for media release(s) as needed.)					
What student population is targeted by these services? (Check all that apply.)					
<input type="checkbox"/> Pre-Kindergarten	<input type="checkbox"/> Students with academic difficulty	<input type="checkbox"/> Males			
<input type="checkbox"/> Elementary School	<input type="checkbox"/> Students with behavioral difficulty	<input type="checkbox"/> Females			
<input type="checkbox"/> Middle/Junior High School	<input type="checkbox"/> Student medical and/or mental health	<input type="checkbox"/> Males and Females			
<input type="checkbox"/> High School	<input type="checkbox"/> Student safety	<input type="checkbox"/> Other (specify):			
<ul style="list-style-type: none"> ▪ Your agency must have a method for evaluating the effectiveness of the above-listed program. Describe the evaluation process for this program and attach it to this document. ▪ Attach resumes of all staff/personnel involved in the above-listed program. ▪ If selected, your agency will be responsible for completing background checks as appropriate in utilizing State At-Risk 20% funds. 					
Non-Profit, Non-Governmental Community Agency Contact				Date	
Non-Profit, Non-Governmental Community Agency Director				Date	

To be completed by the non-profit, non-governmental community agency.