# Office of Vocational Rehabilitation Community Based Work Transition Program School Participation Application Valid from 7/1/11-6/30/12

Date: May 26, 2011

Name of Individual Completing this Form: Sherry Adams

**Director of Special Education:** 

School District Finance Officer: Johnna DeJarnett

**School District Name: McCracken County Public Schools** 

School District Address: 435 Berger Road, Paducah KY 42001

E-mail Address: Phone: 270-538-4000

**Student Participant Information**: Please list the number of students to be served in the CBWTP during this school year. Please also list the number of students to be served in the CBWTP who are anticipated to exit school at the conclusion of the school year.

Remember that while it is difficult to be exact with these figures, it is very important that the numbers be as close as possible to the actual numbers served as they play a critical role in the calculation of your individual performance expectations.

Number of Students to be Served: 27

Number of Students to be Served Who will be Exiting School: 15

Participating High Schools and CBWTP Contacts: Please list the names of all High Schools in your district that will be implementing a CBWTP. Please also list an e-mail address for the CBWTP Contact at each High School. This Contact person should be a certified staff member with knowledge and training in the CBWT Program other than the Employment Coordinator and will be in charge of assisting the job coach and the OVR counselor with the implementation of the program.

Remember that the CBWTP Contact is required to attend mandatory CBWTP training programs and meetings as defined in the CBWTP Agreement for Services between OVR and LEAs. The CBWTP Contact is also responsible for disseminating information regarding the program to school staff located at their assigned High School. Failure to attend required training programs and meetings will result in a delay of program implementation until missed events are attended.

High School: Lone Oak High School

**CBWTP Contact E-mail Address: Natalie Carter** 

Natalie.carter@mccracken.kvschools.us

High School: Reidland High School

CBWTP Contact E-mail Address: Christy Sloan Christy.sloan@mccracken.kyschools.us

High School: Heath High School

CBWTP Contact E-mail Address: Niki Bobo niki.bobo@mccracken.kyschools.us

**Employment Coordinators:** Please list the names and e-mail addresses of all Employment

Coordinators in your district.

Remember that Employment Coordinators are required to attend mandatory CBWTP training programs and meetings as defined in the CBWTP Agreement for Services between OVR and LEAs. Failure to attend required training programs and meetings will result in a delay of program implementation until missed events are attended.

Employment Coordinator: Vicki Donaldson E-mail Address: vdonaldson@eswky.com

Employment Coordinator: Alyssa Sommer E-mail Address: asommer@eswky.com

Employment Coordinator: Kristy Heath E-mail Address: kheath@eswky.com

Employment Coordinator: Adam Dyer E-mail Address: adyer@eswky.com

Employment Coordinator: Tara Sloan E-mail Address: tsloan@eswky.com

Employment Coordinator: Lynne Thomas E-mail Address: Ithomas@eswky.com

## Please return the CBWTP APPLICATION and any necessary attachments to:

Mrs. Carolyn Eirich, Office of Vocational Rehabilitation 275 E. Main Street, Mail Drop 2-EK, Frankfort, KY 40621

### Office of Vocational Rehabilitation Community Based Work Transition Program Application Budget Worksheet, page 1 of 2

for: \_\_\_\_McCracken County Public Schools\_\_\_\_\_\_ Valid from 7/1/11 to 6/30/12

**Total School Cost of Program:** (Please round all calculated totals to the nearest dollar)

**Employment Coordinator Information** (If employing 2 or more employment coordinators, please attach Multiple Employment Coordinator Worksheet and transfer Total from Line A to the Wages blank on Line 1 of this worksheet):

Total Number of Job Coaches: \_6\_\_\_(Maximum 12 students for each full time Job Coach)

LINE 1: 
$$\frac{\$11.00}{\text{Hourly wage}}$$
 X  $\frac{2.50}{\text{Hours/Day}}$  X  $\frac{175}{\text{Days/Year}}$  for  $\frac{5=\$24062.50}{\text{Wages}}$   
 $\$11.00$  X 1.0 X 175 for 1 =  $\frac{\$1925.00}{25987.50}$ 

#### **Employment Coordinator Fringe Benefits:**

LINE 2: 10%

2. 1070 1 \$2.3707.30	<u>Ψ2370.13</u>
Fringe Percent* X Line 1 Tota	al (Wages) Fringe Benefits
*Contingent on MUNIS Code – federal or state.	
LINE 3: Transportation Costs	\$ <u>5000.00</u>
LINE 4: Student Insurance	\$
LINE 5: Office Supplies	\$
LINE 6: Other	\$
<b>LINE 7:</b> Total of LINES 1 through 6 =	\$33586.25

X \$25987.50

#### **Total Actual School Program Cost**

=\$2598.75

#### **Note on our Cooperative Agreement it states:**

Schools cannot profit from program payments and 'shall maintain records that fully disclose & document:

- A. the amount and disposition of all funds received by it from OVR;
- B. the total cost of the project or undertaking in connection with the project with which the funds are given or used;
- C. the amount of that portion of cost of the project supplied by other sources;
- D. all expenses, including payroll records, to ensure that costs reported on invoices are allowable, allocable, and reimbursable costs under the CWBTP;
- E. how the LEA has separated grant expenditures in order to properly allocate costs to existing grants and ensure compliance with the requirements of 34 CFR § 361.28, 34 CFR § 80.20 and 80.40; and
- F. compliance with the requirements of chapter 1 of title VII of the Rehabilitation Act, as codified at 29 U.S.C. §§ 701-727.

During year end evaluation surveys and audits, information will be gathered to show compliance with this requirement.

Application Bud for:_McCracker Date Completed	Cou	nty Public Scho		2				
1. Estimated Numb (Typically Ju Services May Inclu	niors or	First Year Studen those students exiting			Year Pro	gram:12		
Services May men		ar One, First Yea	ar of Po	ossible Two Yea	r Progr	am		
					Assessment IPE Med Rep		_	
\$50		\$1,500		\$900		\$150		
Up to 10 months of				Possible Two You Job Placement	Report Employ			
Services May Inclu							1	
Un to 10 months							ment	
Vocational Training		Meeting & Report		100 I moomont report		Follow-up		
\$1,500		\$100	1	\$800		\$200		
3. Estimated Numb (Students, tra year, however can full Services May Inclu	nsferrin y partic ıde:	g into district, medic ipate in their last & f	al reason inal year	s, or other valid rea of high school)	son, who c	could not particip		
I:4:-1 D1:		ompressed Progr					E1	
Initial Planning	-	to 10 months	_	pressed Career	Compressed Job		Employ	
Meeting & Report		mbination of Vocational		ssment Report, rted on during	Placement Report, reported on during		ment Follow-	
Report		loration and/or	-	E meeting	Exit Interview			
		ational Training		IPE report)	Meeting, (no Exit Meeting report)		up	
\$50		\$1,500		\$450	\$400		\$200	
Add Lines 1, 2 Multiply by \$2	,600 (	ogether for a tota	Γ for 20	nt count: ()11-12) =	\$7			
X 25% the TO	ΓAL E	BUDGET (School	Est. M	atch Funds): _	\$17,5	550		

The 25% of Total Budget amount will be the amount invoiced upon approval of application.

Application will be reviewed and processed within 30 days of receipt. Invoices will be sent within 30 days of acceptance. Any changes to the above information must be amended and approved by OVR.