

# Office of the Riverside County Board of Education

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Jennifer Mejares Pham Trustee Area 7 September 9, 2024

Perris Union High School District Attn: Marvin Atkins Jr, Director 155 E 4<sup>th</sup> St Perris Perris, CA 92570

Dear Mr. Atkins:

Perris Union High School District has been allocated \$12,875.00, through the American Rescue Plan (ARP) Homeless Children and Youth (HCY) I Funds. All funds provided will need to be spent by <a href="December 1">December 1</a>, <a href="2024">2024</a>. The documents on page 3 and 4 will need to be submitted to RCOE for invoicing, by <a href="December 15">December 15</a>, <a href="2024">2024</a>, <a href="2024">at 5 p. m.</a>

Please acknowledge the acceptance of these funds by returning this document signed by personnel with signatory authority by **September 13, 2024, at 5 p.m.** to allow sufficient time to process the funds.

The ARP-HCY I funds may be used in accordance with all **allowable uses** under the McKinney-Vento Education for Homeless Children and Youth to supplement existing programs and funding streams. Please review attached document, Appendix 1, for a complete list of allowable and unallowable expense that you may share with your staff. If gift cards are purchased, the district agrees to the following:

- Gift cards will be stored in a locked safe or other secured area with limited access.
- Gift cards to stores will be limited to the purchase of clothing, shoes, hygiene items, and/or food, as allowable under the American Rescue Plan guidelines.
- Any parent/student receiving a gift card will complete an agreement indicating allowable items, type of card received, and that the receipt is required, like the sample form in Appendix 1. Or an employee must go with them to insure only allowable items are purchased.
- District will submit an electronic copy of all receipts to the program in a shared Google Folder no later than December 15, 2024.
- Gas gift cards will NOT be purchased. RCOE will not reimburse for gas cards.

#### In addition, please note:

- LEAs and Title I, Part A programs can opt not to allow these methods due to elevated concerns about fraud, waste, or abuse.
- As transportation is a service the district is required to fund, only the excess cost of school of origin transportation may be defrayed. Options may include providing mileage reimbursement or providing gift cards for rideshare to a parent/guardian or youth experiencing homelessness.

If any members of your team have questions about how to spend these ARP I funds, if you are in need of any training relating to McKinney Vento Homeless services and laws, or how to appropriately serve your homeless students, please do not hesitate to contact me at (951) 826-4823.

Your signature below indicates that your district is accepting these funds under the parameters outlined in this letter and attached documents.

| Print Name:_ | Sylvia Hinojosa | Job Title: Director of Ruchasina | 1 |
|--------------|-----------------|----------------------------------|---|
|              | OCV             |                                  |   |

Sincerely,

Signature:

Neha Shahpatel

Administrator, Pupil and Administrative Services

Elizabeth Bartholomew

Director I, Pupil and Administrative Services

# PAYMENT INSTRUCTIONS FOR ARP-HCY I ALLOWABLE USES/EXPENDITURES

| Steps           | Process   |  |  |  |
|-----------------|---|--|--|--|
| 1               | Review allowable uses listed above (pages 1-2 of this document)                             |  |  |  |
| 2               | Create, maintain, and save all documentation for allowable uses and                         |  |  |  |
|                 | expenditure(s) for your records and reporting purposes                                      |  |  |  |
| 3               | To receive payment reimbursement, submit the following documents via e-mail:                |  |  |  |
|                 | Billing Invoice, Form W-9, Pages 3 and 4 completed, and return to:  Subject Line: ARP-HCY I |  |  |  |
|                 | To: LMichel@rcoe.us (Leonel Michel)   |  |  |  |
|                 | Cc: NShahpatel@rcoe.us (Neha Shahpatel)   |  |  |  |
|                 | Please Include the following Information in the Email                                       |  |  |  |
| District/Charte | er  |  |  |  |
| District/Charte | er Code (Page 1)  |  |  |  |
| Contact Liaiso  | n Name  |  |  |  |
| Contact E-mai   | il Address  |  |  |  |
| Contact Phone   | e Number  |  |  |  |
| Requested Re    | imbursement   |  |  |  |
| Amount          |   |  |  |  |
| District/Charte | er Invoice Number   |  |  |  |

### Complete ALL data below for EXPENSES and TOTAL STUDENTS SERVED

(Mark N/A for Expenses and Total Students Served for items that do not apply)

|   |                       | EXPENSES                              |                       |
|---|-----------------------|---------------------------------------|-----------------------|
| Certificate Personnel Sa                        | alaries: (1000-1999)  | \$                                    |                       |
| <b>Classified Personnel Sal</b>                 | aries: (2000-2999)    | \$                                    |                       |
| Employee Benefits: (30                          | 00-3999)              | \$                                    |                       |
| Books and Supplies: (40                         | 000-4999)             | \$                                    |                       |
| Services and Other Ope<br>5999, excluding 5100) | rating Expenses: (500 | 0- \$                                 |                       |
| Direct Support/Indirect                         | Costs: (7300-7399)    | \$                                    |                       |
| Capital Outlay: (6000-6599)                     |                       | \$                                    |                       |
| Tuition and Other Trans                         | sfers: (7000-7299)    | \$                                    |                       |
| TOTAL EXPENSES                                  |                       | \$                                    |                       |
|   | NUMBER                | OF STUDENTS SERVED                    |                       |
| Birth through Age 2                             | Ages 3-5 years old    | Kindergarten – 12 <sup>th</sup> grade | TOTAL STUDENTS SERVED |

## Check ALL boxes below that apply if the service was funded with the ARP-HCY I Funds:

| Tutoring or other instructional support   | Obtaining or transferring records necessary for enrollment  |  |  |
|---|---|--|--|
| Expedited evaluations   | Parent education related to rights and resources for children   |  |  |
| Staff professional development and awareness  | Coordination between schools and agencies   |  |  |
| Referrals for medical, dental, and other health services  | Addressing needs related to domestic violence   |  |  |
| Transportation  | Counseling  |  |  |
| Early childhood programs  | Clothing to meet a school requirement   |  |  |
| Assistance with participation in school programs  | School supplies including [e.g., personal protective equipment (PPE), eyeglasses,   |  |  |
| Before-, after-school, mentoring, summer programs   | school supplies, personal care items  |  |  |
| Emergency assistance related to school attendance   | The purchase of cell phones or other technological devices for unaccompanied youth to enable the youth to attend and fully participate in school activities   |  |  |
| Wraparound services with and/or through community-based organizations Paying for short-term, temporary housing (e.g., a few days in a motel) when such emergency housing is the only reasonable option for COVID-safe temporary housing and when necessary to enable the nomeless child or youth to attend school and participate fully in school activities (including summer school | The provision of access to reliable, hig speed internet for students through the purchase of internet connected devices/equipment, mobile hotspots, wireless service plans, or installation of Community Wi-Fi Hotspots (e.g., at homeless shelters), especially in underserved communities |  |  |
| The provision of store cards/prepaid debit cards to purchase materials necessary for students to participate in school activities   | Referral to other programs and services   |  |  |

#### REMINDER

SUBMIT REIMBURSEMENT VIA E-MAIL, no later than December 15, 2024: Billing Invoice, Form W9 and COMPLETED PAGES 3 and 4

Subject Line: ARP-HCY I
To: LMichel@rcoe.us (Leonel Michel)
Cc: NShahpatel@rcoe.us (Neha Shahpatel)

#### **APPENDIX 1**

American Rescue Plan (ARP) Homeless Children and Youth (HCY) I Funds are intended to support the immediate needs of homeless children and youth. Below are guidelines on allowable expenses:

- Providing wraparound services (which could be provided in collaboration with and/or through contracts with community-based organizations, and could include academic supports, trauma informed care, social-emotional support, and mental health services);
- Purchasing needed supplies (e.g., personal protective equipment, eyeglasses, school supplies, personal care items);
- Providing transportation to enable children and youth to attend classes and participate fully in school activities;
- Purchasing cell phones or other technological devices for unaccompanied youth to enable the youth to attend and fully participate in school activities;
- Providing access to reliable, high-speed internet for students through the
  purchase of internet-connected devices/equipment, mobile hotspots, wireless
  service plans, or installation of Community Wi-Fi Hotspots (e.g., at homeless
  shelters), especially in underserved communities;
- Paying for short-term, temporary housing (e.g., a few days in a motel) when such emergency housing is the only reasonable option for COVID-safe temporary housing and when necessary to enable the homeless child or youth to attend school and participate fully in school activities (including summer school);
- Tutoring, supplemental services, and enriched educational services, including before school, after school, and summer programs;
- · Services to attract, engage, and retain students in programs;
- Student referral and services, including the costs of expedited evaluations;
- Professional development:
- Assistance to defray the cost of transportation;
- · Early childhood education programs;
- Fees for tracking, obtaining, and transferring records
- Parent education and training;
- Coordination between school and outside agencies;
- Activities to address issues related to domestic violence;

- · Adaption of space and purchase of supplies for any non-school facility; and
- Other extraordinary or emergency assistance to attend school.

#### In addition, please note:

- The use of gift cards, store cards, or prepaid debit cards for a parent/guardian or youth experiencing homelessness to purchase school, clothing, or hygiene supplies is allowable, however the parent/guardian or youth must complete form attached and submit receipts or an employee must go with them to insure only allowable items are purchased. RCOE will not reimburse for the purchase of gas cards.
- LEAs and Title I, Part A programs can opt not to allow these methods due to elevated concerns about fraud, waste, or abuse.
- LEAs that allow the use of prepaid debit cards should have procedures to reduce the likelihood of fraud, waste, or abuse, for example, by asking for receipts of items purchased with the gift card.
- As transportation is a service the district is required to fund, only the excess cost of school
  of origin transportation may be defrayed. Options may include providing mileage
  reimbursement or providing gift cards for rideshare to a parent/guardian or youth
  experiencing homelessness.

### **Store or Prepaid Debit Card Agreement**

Based on the information you provided, it has been determined that your family is eligible to receive assistance in the form of store or prepaid debit cards.

These cards may be used to purchase the following items:

| Essential Clothing             | Essential Food             | Miscellaneous                 |  |
|--------------------------------|----------------------------|-------------------------------|--|
| Pants, shirts, skirts, dresses | Milk, egg, cheese, yogurt  | School supplies               |  |
| Underwear, socks               | Fruits, vegetables, juice  | Shampoo, conditioner          |  |
| Shoes, snow boots              | Bread, tortillas, starches | Deodorant                     |  |
| Jackets                        | Meats                      | Soap, toothpaste, tooth brush |  |
| Uniforms, PE clothes           | Prepared meals             | Other hygiene supplies        |  |

| Amount:                 | Amount:        |                  | Amou | int:               |
|-------------------------|----------------|------------------|------|--------------------|
| Name/Type of Gift Ca    | ard: Name/Type | of Gift Card:    | Name | Type of Gift Card: |
| Card(s) Received:       |                |                  |      |                    |
| Contact information:    |                |                  |      |                    |
| Grade:                  |                |                  |      |                    |
| School:                 |                |                  |      |                    |
| Name:                   |                |                  |      |                    |
| Student Information:    |                |                  |      |                    |
| Alcohol Lottery tickets |                | Tobacco products |      | Candy, sweets      |
| These cards cards may   |                |                  |      |                    |

#### Parents/Caregiver/Guardian/Unaccompanied Youth Information and Consent:

I agree to return the itemized receipt(s) to Student Services within a week of using the store or prepaid debit card. I understand that this help is to provide assistance so that my child/ren may attend school and be prepared to learn.

Please note that you will not be eligible to receive additional cards if receipts are not returned. Store or prepaid debit cards cannot be replaced if lost or stolen. No prohibited products are to be purchased.

| Parent Name | Parent Signature | Date |
|-------------|------------------|------|
|             |                  |      |
|             |                  |      |