


APPLICATION FOR GRANT TITLE IV, PART A, SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES ACT FY 2011 Under ESEA As Amended by No Child Left Behind Act APPLICATION FOR FEDERAL FUNDING FOR LOCAL EDUCATION AGENCIES		
DATES: JULY 1, 2010 TO SEPTEMBER 30, 2011		
Sys # 660	Applicant (Local Education Agency or Consortium) Obion County Schools	Safe and Drug-Free Schools Director Lesa Scillion
If Consortium, Name of Fiscal Agent		Email Address scillionl@k12tn.net
Mailing Address 316 South Third Street Union City, TN 38261		Mailing Address (if different)
Name of Federal Programs Director Lesa Scillion		Telephone (Area Code and Number) 731-885-9743
Telephone (Area Code and Number) (731) 885-9743		Fax Number (Area Code and Number) (731) 885-4902
Fax Number (Area Code and Number) (731) 885-4902		
Email scillionl@k12tn.net		

LOCAL EDUCATION AGENCY CERTIFICATION

The facts, figures and representations made in the application, including exhibits and attachments hereto, are true and correct to the best of my knowledge.

- Our LEA is programming carryover and/or transferred funds in this application.
- Our LEA does NOT have carryover funds for Title IV and is NOT transferring funds into this project. *(Coversheet ONLY is attached)*

David W. Huss Name of the Director of Schools (Typed)	_____ Name of the Director of Schools (Signature)
---	---

Title IV, Part A-Safe and Drug-Free Schools and Communities Program
Section A. Consultation and Public Reporting

1. Describe how the Title IV portion of the application was developed through timely and meaningful consultation with State and local representatives, public and private schools to be served, including teachers and other staff, parents, students, community-based organizations and others with relevant and demonstrated expertise in drug and violence prevention activities (such as medical, mental health and law enforcement).

Meetings were held to discuss our system's needs. Data from annual discipline reports were used to determine the area of need to be addressed using these funds. Consultations were held with principals, Coordinated School Health, Disciplinary Hearing Officer, teachers, parents, and students.

2. Please check all representatives that were consulted in the development of the application

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Schools to be served | <input checked="" type="checkbox"/> Parents | <input type="checkbox"/> Law enforcement |
| <input type="checkbox"/> Private schools to be served | <input type="checkbox"/> Students | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> State representatives | <input type="checkbox"/> Medical | <input type="checkbox"/> Community-based organizations |
| <input type="checkbox"/> Local representatives | <input checked="" type="checkbox"/> Other <u>Coordinated School Health Director/Supervisors</u> | |

3. How did the LEA provide effective notice to the community of intent to submit the Title IV portion of the application? Please check all that apply. Documentation must be kept on file.

- | | |
|---|--|
| <input type="checkbox"/> Letters to parents | <input type="checkbox"/> Radio announcement |
| <input type="checkbox"/> Press release | <input checked="" type="checkbox"/> Newspaper notice |
| <input type="checkbox"/> Other _____ | |

4. Indicate how the LEA will receive meaningful and ongoing consultation and input from parents during the administration of the program or activity. Check all that apply. Documentation must be kept on file.

- | | |
|--|--|
| <input type="checkbox"/> Called meetings of a consultation group | <input type="checkbox"/> Follow-up telephone calls |
| <input type="checkbox"/> PTA/PTO | <input type="checkbox"/> Parent programs |
| <input checked="" type="checkbox"/> Other <u>parent survey</u> | |

5. Describe how the LEA will assess the effectiveness of the program, and use the results of that evaluation to refine, improve and strengthen the program.

Students will take the Olweus Bullying Survey at the end of the next year. Disciplinary records will be compared to this year's records to determine the effectiveness of the plan.

6. How will the public be made aware of the availability of the evaluation results? Please check all that apply. Documentation must be kept on file

- | | |
|--|--------------------------------------|
| <input checked="" type="checkbox"/> Notice in the newspaper of the physical location of evaluation results | <input type="checkbox"/> Other _____ |
|--|--------------------------------------|

Title IV, Part A-Safe and Drug-Free Schools and Communities Program
Section B. Needs Assessments

1. To meet the Principles of Effectiveness, the program or activity must be based on an assessment of objective data regarding the incidence of violence and illegal drug use in the public and private schools and communities to be served. Check all factors that were considered in formulating the needs assessment. Keep documentation on file.

a. Existing school statistical data relating to drugs, weapons, violence and other relevant disciplinary records

- | | |
|--|---|
| <input checked="" type="checkbox"/> Office referrals for disruptive behavior | <input type="checkbox"/> Office referrals for bullying behavior |
| <input type="checkbox"/> Rates of students suspended or expelled relative to drug violations | <input type="checkbox"/> Student surveys |
| <input type="checkbox"/> Rates of students suspended or expelled relative to violence | <input type="checkbox"/> Serious Incident Index |
| <input type="checkbox"/> Victims of a Violent Crime Forms | <input checked="" type="checkbox"/> Other <u>Olweus Bullying Student Survey</u> |

b. Existing community-level data

- | | |
|--|---|
| <input type="checkbox"/> Community norms regarding violence and illegal drug use | <input type="checkbox"/> Rates of reported cases of child abuse and domestic violence |
| <input type="checkbox"/> Children in juvenile justice system | <input type="checkbox"/> Teen violence death rate |
| <input type="checkbox"/> Other _____ | |

c. Available resources at the school level including those not funded with Title IV-A dollars

1. Staff trained

- | | |
|--|---|
| <input checked="" type="checkbox"/> Emergency management (i.e. Secured and Prepared Schools) | <input checked="" type="checkbox"/> Bullying prevention (i.e. Olweus Bullying Prevention Training; No Bullying Implementation Training) |
| <input type="checkbox"/> Cultural diversity (i.e. Facing History and Ourselves) | <input type="checkbox"/> Classroom Management (i.e. Peaceable Schools; Positive Behavior Support) |
| <input checked="" type="checkbox"/> Alcohol, tobacco and drug prevention (i.e. Life Skills Training) | <input type="checkbox"/> Conflict resolution (i.e. Peaceable Schools) |
| <input type="checkbox"/> Lion's-Quest Service Learning | <input type="checkbox"/> Other Service Learning Training |
| <input type="checkbox"/> Student Assistance Program | <input checked="" type="checkbox"/> School Resource Officer |
| <input type="checkbox"/> Other _____ | |

2. State and Federal grants currently implemented

- | | |
|---|--|
| <input checked="" type="checkbox"/> LEAPS Grant | <input type="checkbox"/> 21 st Century Community Learning Centers Grant |
| <input type="checkbox"/> Youth Violence and Drug Use Prevention Grant | <input type="checkbox"/> Anti-Meth Service Learning Grant for Afterschool Programs |
| <input type="checkbox"/> Other _____ | |

2. Identify the problem area(s) to be targeted with these funds and provide relevant data that supports the LEA's decision.

Based on the disciplinary referrals, bullying is an issue in our schools.

Title IV, Part A-Safe and Drug-Free Schools and Communities Program
Section C. Local Plan to foster a safe and drug-free learning environment

Note: All programs or strategies must be researched based on the LEA must have an approved waiver in advance of expending funds. Information about science-based programs can be found at <http://state.tn.us/education/learningsupport/titleiv/parta/index.shtml>. An explanation of each category can be found in the Title IV-A Supplemental Guidance. Evaluation information must be collected each year and kept on file.

Program, Curriculum, Strategy, or Training	Funding		Intended grade level	Risk factors to be reduced and/or the Protective factors to be increased	Measurable performance indicators	Evaluation process to be used
	SDFS	Other				
Olweus Bullying	X		3-8	Increase safety of all students by reducing bullying events	Office Referrals for bullying will be reduced by 5%	STAR student data management discipline module and comparison of Olweus Bullying surveys to previous year

Title IV, Part A-Safe and Drug-Free Schools and Communities Program

Section D. Budget.

1. Please supply the amounts requested below.

Allocation Amount \$0.00
 Amount of Transfers In \$0.00
 Amount of Transfers Out \$171.06
 Carryover Amount \$2,200.00
 Total Monies Available \$2,028.94

2. Refer to the Title IV-A section of the Budget Spreadsheet found in the Consolidated Application and the Range of Activities in the Title IV-A Supplemental Guidance. List below each budget line item and category name found on the Budget Spreadsheet that has Title IV-A funds allocated.

3. Provide a brief description of how the funds will be used, and the amount of that is budgeted

BUDGET LINE ITEM AND CATEGORY	BRIEFLY DESCRIBE HOW THE FUNDS WILL BE USED	AMOUNT BUDGETED
71100/429	Olweus Bullying Online Surveys	\$2,028.94
TOTAL		\$0.00

4. *If salaries are paid with Title IV-A funds, list the title and job duties that will be performed relative to allowable activities under Title IV-A. Write "N.A." if these funds are not used for salaries.*

N.A.

5. *Identify any contracted positions and briefly explain the purpose relative to the Title IV-A. Write "N.A." if no funds are budgeted for contracted services.*

N/A

Section E. Waiver.

Complete the attached waiver if the program or strategy listed in "Section C. Local plan to foster a safe and drug-free learning environment" is not recognized as science-based.

Tennessee Department of Education
 Title IV-A, Safe and Drug-Free Schools and Communities Program

Waiver Request Form for Programs not Recognized as Scientifically Based

School District: Obion County	Date of Request: 5/1/10
Mailing Address: 316 South Third Street Union City, TN 38261	
Name and Title of Person Completing Form: Lesa Scillion	
Name of Title IV-A Director: Lesa Scillion	
Telephone Number:731-885-9743	Email Address:scillionl@k12tn.net
Fax Number: 731-885-4902	
Name, Title and Signature of Authorized Representative:	

Background: To comply with the Principles of Effectiveness, NCLB section 4115(a)(1)(C), requires that programs and activities to be implemented using Title IV-A funds must be based upon scientifically based research that provides evidence that the program to be used will reduce violence and illegal drug use.

Section 4115(a)(3) states a local educational agency may apply to the State for a waiver to use innovative activities or programs that demonstrate substantial likelihood of success.

Instructions: Provide a description of the proposed program or activity. Your description must include:

- the name of the program, strategy, or activity;
- the purpose of the program, the grade span or age group the program will target, and the risk and/or protective factors that will be addressed;
- the performance measures the program will target;
- the evaluation plan to determine the effectiveness of the program;
- a description of the research upon which the program (i.e., published in a journal) is based; and
- preliminary data or other information to suggest that the program shows promise of effectiveness.
- documentation of contact with researcher or institution currently investigating program or activity.

The Waiver Request must be approved in advance of purchase. The Request can be attached to this application, mailed to the Office of School Safety and Learning Support Programs, 6th Floor, Andrew Johnson Tower, 710 James Robertson Parkway, Nashville, 37243 OR sent by facsimile to 615-532-6638.

For TDOE Use Only		
Date Received by SDFS Office:		
Approved:	Disapproved:	(If disapproved, reasons will be included with response.)
Signature of Reviewer:		