| File ID Number    | 20-1299   |
|-------------------|-----------|
| Introduction Date | 6/24/20   |
| Enactment Number  | 20-1013   |
| Enactment Date    | 6/24/2020 |
| Ву                | OS        |



## OAKLAND UNIFIED SCHOOL DISTRICT Office of the Board of Education

June 24, 2020

To:Board of EducationFrom:Kyla Johnson-Trammell, Superintendent<br/>Lucia Moritz, High School Network Superintendent<br/>Rebecca Lacocque, Director, High School Linked Learning Office

 Subject:
 Grant Award - California Department of Education - California Partnership Academies (CPA)

 Program Grant - Skyline Education Academy - Skyline High School (0456)

## ACTION REQUESTED:

Approval by the Board of Education of a Grant Award from the California Department of Education, California Partnership Academies Program Grant, in the amount of \$75,600.00, to support Skyline High School's Skyline Education Academy, for the period of July 1, 2018 through August 31, 2020, pursuant to the terms and conditions thereof and to submit amendments thereto, for the grant years, if any.

## **BACKGROUND:**

Grant Award for OUSD schools for the 2018-2021 fiscal years was submitted for funding as indicated in the chart below. The Grant Face Sheet and grant application packets are attached.

| File I.D# | Backup<br>Document<br>Included | Туре  | Recipient                                  | Grant's Purpose  | Time Period                       | Funding Source  | Grant Amount |
|-----------|--------------------------------|-------|--|--|-----------------------------------|---|--------------|
| 20-1299   | Yes                            | Grant | District, Skyline High<br>School's Skyline | To support the California Partnership<br>Academies Program for the Skyline<br>Education Academy at Skyline High<br>School. | July 1, 2018 -<br>August 31, 2020 | California Department of<br>Education, Career<br>Technical Education<br>Initative | \$75,600.00  |

#### **DISCUSSION:**

The district created a Grant Face sheet process to:

- Review proposed grant projects at OUSD sites and assess their contribution to sustained student achievement
- Identify OUSD resources required for program success

OUSD received a Grant Face Sheet and a completed grant application for the program listed in the chart by the school.

#### **FISCAL IMPACT:**

The total amount of grants will be provided to OUSD schools from the funders.

• Grants valued at: \$75,600.00

#### **RECOMMENDATION:**

Approval by the Board of Education of a Grant Award for Skyline High School for fiscal year 2018-2021, pursuant to the terms and conditions thereof and to submit amendments thereto, for the grant year, if any.

## **ATTACHMENTS:**

Grant Face Sheet Grant Award Notification

| Title of Grant:   | Funding Cycle Dates:                             |
|---|--|
| California Partnership Academies (CPA) Program: Career  | July 1, 2018 - August 31, 2020                   |
| Technical Education Initiative  |  |
| Grant's Fiscal Agent:   | Grant Amount for Full Funding Cycle:             |
| (contact's name, address, phone number, email address)  |  |
| Maria Burright, Education Program Consultant  | \$75,600.00                                      |
| Career and College Transition Division  |  |
| California Department of Education<br>1430 N Street, Suite 4202   |  |
| Sacramento, CA 95814-5901   |  |
| A CONTRACTOR OF |  |
| Funding Agency:   | Grant Focus:                                     |
| California Department of Education  | To support Skyline High School Skyline Education |
| 1430 N Street, Suite 4202   |  |
| Sacramento, CA 95814-5901   | Academy (0456)                                   |
| 101210 Stand Stand 1020   |  |
|   |  |
|   |  |
| List all School(s) or Department(s) to be Served:   |  |
| Skyline High School   |  |

| Information Needed  | School or Department Response   |  |  |  |  |
|---|---|--|--|--|--|
| How will this grant contribute to sustained student achievement or academic standards?  | This grant will provide funding for the students in the Skyline Education<br>Academy at Skyline High School to become college and career ready<br>through integrated supports, Career Technical Education (CTE), CTE-<br>integrated academics, and work-based learning experiences.<br>The High School Linked Learning Office reviews program data annually<br>and supports with reporting to CDE through the Perkins Grant<br>Management System. |  |  |  |  |
| How will this grant be evaluated for impact upon<br>student achievement?<br>(Customized data design and technical support are provided at 1%<br>of the grant award or at a negotiated fee for a community-based<br>fiscal agent who is not including OUSD's indirect rate of 3.98% in<br>the budget. The 1% or negotiated data fee will be charged<br>according to an Agreement for Grant Administ <sup>r</sup> ation Related<br>Services payment schedule. This fee should be included in the<br>grant's budget for evaluation.) |   |  |  |  |  |
| Does the grant require any resources from the school(s) or district? If so, describe.   | One-to-one matching funds are required and will be provided by the High Network Office and the funded school site.  |  |  |  |  |
| Are services being supported by an OUSD funded<br>grant or by a contractor paid through an OUSD<br>contract or MOU?<br>(If yes, include the district's indirect rate of 3.98% for all OUSD<br>site services in the grant's budget for administ <sup>r</sup> ative support,<br>evaluation data, or indirect services.)   | Yes   |  |  |  |  |
| Will the proposed program take students out of the classroom for any portion of the school day? (OUSD reserves the right to limit service access to students during the school day to ensure academic attendance continuity.)   | Outside learning experiences (work-based learning) are a component of California Partnership Academies.   |  |  |  |  |

| Who is the contact managing and assuring grant<br>compliance?<br>(Include contact's name, address, phone number, email address.) | Rebecca Lacocque, Linked Learning Director<br>High School Linked Learning Office<br>Oakland Unified School District<br>1000 Broadway, Suite 440, Oakland, CA 94607<br>510-874-4611<br>Rebecca.Lacocque <u>@ousd.org</u> |
|--|---|
|--|---|

| Applicant Obtained Approval Signatures  |                  |                  |           |
|---|------------------|------------------|-----------|
| Entity  | Name/s           | Signature/s      | Date      |
| Linked Learning Director  | Rebecca Lacocque | Pubecca lessaque | 5/28/2020 |
| Department Head   | Sondra Aguilera  |                  |           |
| (e.g. for school day programs or for extended day and student support activities) |                  | Soula Agil       | 5/29/2020 |

| Grant Office Obtained Approval Signatures: |                  |             |      |  |  |  |
|--|------------------|-------------|------|--|--|--|
| Entity                                     | Name/s           | Signature/s | Date |  |  |  |
| Fiscal Officer                             |                  |             |      |  |  |  |
|  |                  |             |      |  |  |  |
| Superintendent                             | Kyla Johnson-Tra | mmell       |      |  |  |  |
|  |                  |             |      |  |  |  |

# **Grant Award Notification**

| GRANTEE NAME AND ADDRESS  |                        | CDE GRANT NUMBER   |  |                      |                  |           |                            |   |  |
|---|------------------------|--|--|----------------------|------------------|-----------|----------------------------|---|--|
| Dr. Kyla Johnson-Trammell, Superintendent   |                        | FY   | PC   |                      | Vendor           | Suffix    |                            |   |  |
| Oakland Unified School District   |                        |  |  |                      | 国主               | Number    | Julia                      |   |  |
| 1000 Broadway, Suite 680  |                        |  | 18   | 231                  | 81               | 61259     | 08                         |   |  |
|   | 94607-4099             |  |  |                      |                  |           |                            |   |  |
| Attention   | -                      |  | ·  | STANDARDIZED ACCOUNT |                  |           |                            |   |  |
|   | nson-Trammell, Sup     | erintendent  |  | CODESTRUCTURE        |                  |           |                            |   |  |
| Program Of  |                        |  | · .  | Resource Revenue     |                  |           | 01                         |   |  |
|   | Office, Categorical P  | rograms .  |  | Coc                  | Code Object Code |           |                            |   |  |
| Telephone   |                        |  |  | 722                  | 20               |           | 3590                       | INDEX   |  |
| 510-434-779   |                        |  |  |                      |                  | 0000      |                            |   |  |
|   | ant Program            | /··-   |  |                      |                  |           |                            | 0615  |  |
| California Pa   | artnership Academie    | s (CPA) Program  | The second s |                      |                  |           | The second strange in      | · N den das das la la   |  |
|   | Original/Prior         | Amendment  | 1、 新台湾南南   | 議論書                  | Amen             |           | Award                      | Award   |  |
| GRANT   | Amendments             | Amount   | Tota   |                      | No.              |           | Starting                   | Ending  |  |
| DETAILS   |                        |  |  |                      |                  |           | Date                       | Date  |  |
|   | \$75,600               |  | \$75,6   | 00                   | 1                | 7         | 01/2018                    | 8/31/2020   |  |
| CFDA  | Federal Grant          |  | nerve se le testa  |                      |                  |           |                            |   |  |
| Number  | Number                 | Fed States   | eral Grant N   | ame 👘                |                  |           | Federal A                  | gency   |  |
|   |                        | ್ರಿ ನಿರ್ವಾಮ ಮಾಡಿದ್ದ ಮಾ<br>ಕಾರ್ಯವರ್ಷ್ಣಿಯ ಮಾಡಿದ್ದ ಮ<br>ಮಾಡಿದ್ದ ಮಾಡಿದ್ದ | anna ann an a   |                      |                  | 1.100     | <u> 이번 가지만 가지만 하는 것이다.</u> | n general and a state of the second secon |  |
|   |                        |  |  |                      |                  |           |                            |   |  |
| This is to inf  |                        |  | Kab Cabaal C   | Nadia - Ed           |                  | Annala    | (0450)                     | has have  |  |
|   | orm you that the awa   |  |  | скуше ⊵с             | lucation         | Acade     | emy (0456)                 | nas been  |  |
| amended to  | change the award e     | naing date to 8/31/2   | 2020.  |                      |                  |           |                            |   |  |
| This award i  | s made contingent u    | pon the availability   | of funds. If th  | ne Legisla           | ture tak         | es acti   | on to reduc                | e or defer  |  |
|   | upon which this awar   |  |  |                      |                  |           |                            |   |  |
|   |                        |  |  |                      |                  | J.        |                            |   |  |
| Please retur  | n the original, signed | d Grant Award Notif  | ication (AO-4  | 400) to:             |                  |           |                            |   |  |
|   |                        | Michalla Linton  | Choff Comile   | aa Amah <i>i</i> a   |                  |           |                            |   |  |
|   |                        | Michelle Upton   |  |                      |                  |           |                            |   |  |
|   |                        | Career and Col   |  |                      | Π                |           |                            | κ.  |  |
|   |                        | California Dep   |  |                      |                  |           |                            |   |  |
|   |                        |  | Street, Suite 4  |                      |                  |           |                            |   |  |
|   |                        | Sacramen   | to, CA 95814   | -5901                |                  |           |                            |   |  |
|   |                        |  |  |                      |                  |           |                            |   |  |
|   | Department of Educ     | ation Contact  |  | Job Title            | _                | -         |                            |   |  |
| Maria Burrig  |                        |  |  | Education            |                  |           |                            |   |  |
| E-mail Add  |                        |  |  |                      |                  | Telephone |                            |   |  |
| mburright@cde.ca.gov  |                        |  |  | 916-319-0460         |                  |           |                            |   |  |
| Signature o   | of the State Superin   | tendent of Public  | Instruction  | or Desigr            |                  | Date      |                            |   |  |
| Rowling   | Kelomypa               |  |  |                      | 1                | April 2,  | 2020                       |   |  |
|   | 7                      |  |  |                      |                  |           |                            |   |  |
| CERTIFICATION OF ACCEPTANCE OF GRANT REQUIREMENTS   |                        |  |  |                      |                  |           | <b>C</b>                   |   |  |
| On behalf of the grantee named above, I accept this grant award. I have read the applicable certifications,       |                        |  |  |                      |                  |           |                            |   |  |
| assurances, terms, and conditions identified on the grant application (for grants with an application process) or |                        |  |  |                      |                  |           |                            |   |  |
| in this document or both; and I agree to comply with all requirements as a condition of funding.                  |                        |  |  |                      |                  |           |                            |   |  |
| Printed Name of Authorized Agent Title Superintendent   |                        |  |  |                      |                  |           |                            |   |  |
|   |                        |  |  |                      |                  |           |                            |   |  |
| E-mail Address<br>Kylh. 10hnson@msd. Dry by du 510-879-8  |                        |  |  |                      | 8242             |           |                            |   |  |
|   |                        |  |  |                      |                  | 077       | 0000                       |   |  |
| Signature Jody London, President, BOE 4/28/202  |                        |  |  | 020                  |                  |           |                            |   |  |
| L   | 1.1.                   | • •••••  |  |                      |                  |           |                            |   |  |
|   | V                      |  |  |                      |                  |           |                            |   |  |