



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 13.1g

Meeting Date : August 08, 2024

Subject : Approve SETA Head Start Head Start No-Cost Extension for 2024-25 school year.

al4q (he)ueson, to Head Start SETA No-Cost Extension Program Budget

Modification.

|  |
|--|
| Estimated Time of Presentation : N/A                 |
| Submitted by: Yvonne Wright, Chief Academic Officer  |
| Aida Buelna, ELC Consultant Assistant Superintendent |
| Approved by : Lisa Allen, Superintendent             |

REQUEST FOR PROGRAM APPROACH CHANGE AND/OR BUDGET MODIFICATION

Delegate/Partner: Sacramento City Unified School District

[Redacted content]

Agreement Num 23C5551S0

Date: 06/6/2024

I. I/We are requesting the following exhibit(s), attached to the agreement contract referenced above, be modified:

Please check the type of request(s):

Program Options

Budget Modification (changing the dollar amount between cost categories)

For Program Year

Does this involve the purchase of a fixed asset?  Yes  No

(ACF approval required for all fixed asset purchases)

Will the project be over \$250,000?  Yes  No

(1303 Facilities Renovation/Repair Application will be required)

Budget Carryover

From Program Year: to Program Year

(Requires ACF approval)

REQUEST FOR PROGRAM APPROACH CHANGE AND/OR BUDGET MODIFICATION

(Continued)

The requested changes are justified based on the following:

[Redacted content]

These changes will help increase classroom health and safety and improve facilities condition. Complete

[Redacted content]

[Redacted content]

[Redacted content]

[Redacted content]

[Redacted content]

**IV. I am authorizing that this request be submitted to SETA on behalf of the program referenced above and do so pursuant to the Resolution Authorizing Execution # \_\_\_\_\_ included in this agreement contract.**

DATE: 06/06/2024

  
(Authorized Signature)

Mary Hardin Young  
(Typed Name)  
Deputy Superintendent  
(Title)

**APPROVED BY POLICY COMMITTEE** (See instruction if required):

DATE OF MEETING:

(Signature of Chairperson, Policy Committee)

(Typed Name)

**APPROVED BY GOVERNING BODY** (See instructions if required):

DATE OF MEETING:

(Signature of Chairperson, Board of Trustee or Board of Directors)

(Typed Name)

**APPROVED BY GRANTEE:**

DATE: \_\_\_\_\_

(Karen Griffith, Head Start Deputy Director)

*For Internal Use Only*

Date Received

(Melanie Nicolas,  
CFS Program Officer/Administration)

Date Approved:

Date Approved:

(Victor Han, Fiscal Manager)

