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Grant Award Notification


GRANTEE NAME AND ADDRESS Michael Watenpaugh, Superintendent San Rafael City High School District 310 Nova Albion Way San Rafael, CA 94903-3500				CDE GRANT NUMBER			
				FY	PCA	Vendor Number	Suffix
				16	14332	6546	01
Attention Michael Watenpaugh, Superintendent				STANDARDIZED ACCOUNT CODE STRUCTURE			COUNTY
Program Office San Rafael City High School District				Resource Code	Revenue Object Code		21
Telephone 415-492-3233				5630	8290		INDEX
Name of Grant Program Education for Homeless Children and Youth							0604
GRANT DETAILS	Original/Prior Amendments	Amendment Amount	Total	Amend. No.	Award Starting Date	Award Ending Date	
	\$ 76,712.00	\$2,048.00	\$ 78,760.00	1	7/1/2016	6/30/2017	
CFDA Number	Federal Grant Number	Federal Grant Name			Federal Agency		
84.196A	S196A160005	Education for Homeless Children and Youth			U.S. Department of Education		

This is to inform you that your award for the Education for Homeless Children and Youth (EHCY) Program has been amended to restore funding, in whole or in part, that was previously cut from your grant application's budget.

This award is made contingent upon the availability of funds. If the Legislature or Congress takes action to reduce or defer the funding upon which this award is based, then this award will be amended accordingly.

Please return the original, signed Grant Award Notification (AO-400) within 10 days of receipt to:

Patricia Boncella, Associate Governmental Program Analyst
Coordinated School Health and Safety Office
California Department of Education
1430 N Street, Room 6408
Sacramento, CA 95814-5901

California Department of Education Contact Patricia Boncella		Job Title Associate Governmental Program Analyst
E-mail Address pboncell@cde.ca.gov		Telephone 916-319-0384
Signature of the State Superintendent of Public Instruction or Designee 		Date January 3, 2017

CERTIFICATION OF ACCEPTANCE OF GRANT REQUIREMENTS

On behalf of the grantee named above, I accept this grant award. I have read the applicable certifications, assurances, terms, and conditions identified in the grant application and in this document; and I agree to comply with all requirements as a condition of funding.

Printed Name of Authorized Agent Michael Watenpaugh	Title Superintendent
E-mail Address mwatenpaugh@srcs.org	Telephone 415-492-3233
Signature Michael Watenpaugh	Date 1.31.17