

**TRUSSVILLE CITY SCHOOLS TO RECEIVE
NON-PROFIT, NON-GOVERNMENTAL COMMUNITY SERVICES**

John Barnacastle		113 North Chalkville Road, Trussville, AL 35173	
ASAP Coordinator		Address (Street, City, State, Zip Code)	
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Telephone	Fax	E-mail	
From the LEA current at-risk needs assessment, identified prioritized needs for ASAP:			
1. preventive programs regarding student behavior		3. evaluation & recommendations for educational planning	
2. addressing anger management & responsibility		4.	

NON-PROFIT, NON-GOVERNMENTAL COMMUNITY SERVICES

Agency Contact Person/Title		Address (Street, City, State, Zip Code)	
Telephone	Fax	E-mail	
Is your agency a non-profit, non-governmental community agency? If "Yes", attach appropriate documentation of non-profit, non-governmental status (Section 501(c)3).			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your agency/group interested in and/or willing to work collaboratively with the identified LEA in providing programming for students at risk of school failure in your community?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answer "No" to any of the questions above, please do not complete the form below. If "Yes", please complete the application in detail. All forms should be returned to the address on the previous page.			
What services are provided by the non-profit, non-governmental community agency that will assist the LEA in providing effective programming for public school students at risk of school failure? Specify and describe.			
Program	Location	Program Cost	
Time Offered	Start/end Dates	Number of students that can be served	
Program staff/personnel titles and/or job descriptions:			
Program description: (Description should be provided in a format that may be used for media release(s) as needed.)			
What student population is targeted by these services? (Check all that apply.)			
<input type="checkbox"/> Pre-Kindergarten	<input type="checkbox"/> Students with academic difficulty	<input type="checkbox"/> Males	
<input type="checkbox"/> Elementary School	<input type="checkbox"/> Students with behavioral difficulty	<input type="checkbox"/> Females	
<input type="checkbox"/> Middle/Junior High School	<input type="checkbox"/> Students with a combination of both academic and behavioral difficulty	<input type="checkbox"/> Males and Females	
<input type="checkbox"/> High School		<input type="checkbox"/> Other (specify):	
<ul style="list-style-type: none"> ▪ Your agency must have a method for evaluating the effectiveness of the above-listed program. Describe the evaluation process for this program and attach it to this document. ▪ Attach resumes of all staff/personnel involved in the above-listed program. ▪ If selected, your agency will be responsible for completing background checks as appropriate in utilizing State At-Risk 20% funds. 			
Non-Profit, Non-Governmental Community Agency Contact		Date	
Non-Profit, Non-Governmental Community Agency Director		Date	

To be completed by the non-profit, non-governmental community agency.