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| **ORGANIZATION NAME:** |  |
| **ORGANIZATION CODE:** |  |
| **SCHOOL YEAR:** |  |
| **LEA Contact Name:** |  |
| **LEA Contact Email Address:** |  |
| **LEA Contact Phone Number:** |  |
| **DIRECTIONS:** *To ensure that the organization’s plan for the use of the Elementary and Secondary School Emergency Relief (ESSER) funds (PRC 163) as provided by the CARES Act is data-based and is reflective of needs that have emerged as a result of COVID-19, please provide answers to each section below:* | |
| **PART A: Needs Assessment-LEA Data** | |
| *In the space below provide data the LEA will use to determine its most important educational needs as a result of the disruption in educational services and subsequent shift to remote learning due to COVID-19.* | |
|  | |
| **PART B: Data Analysis** | |
| *In the space below, provide an analysis of the data submitted in Part A that will support allowable uses of ESSER funds (PRC 163) as provided by the CARES Act selected in Part C.* | |
|  | |
| **PART C: Funded Strategies** | |
| *In the space below, please check each strategy the LEA plans to fund utilizing ESSER funds (PRC 163) as provided by the CARES Act.* | |
| Coordination of coronavirus response efforts between the LEA and other government organizations  Providing principals and other school leaders with the resources necessary to address individual school needs  Activities to address the unique needs of special student populations (e.g., low-income, disabled students, ELLs, minority students, homeless students, foster care students, etc.)  Developing and implementing procedures and systems to improve the preparedness and response efforts of the LEA  Training or PD for staff on sanitation and minimizing the spread of infectious diseases  Purchasing sanitation supplies  Planning for long term closures (check all that apply)  planning for providing meals to eligible students  planning for online learning  planning for meeting the requirements of IDEA during distance learning  other  Purchasing educational technology (check all that apply)  hardware  software  connectivity  assistive technology  Providing mental health services and support  Planning and implementing activities related to summer learning and supplemental after-school program  Other activities not previously listed and that are for any authorized ESEA program, IDEA program, CTE or Adult Education Program, Homeless Youth Education, or that are necessary to maintain the operation of and continuity of services in the LEA and continuing to employ existing staff of the LEA. | |
| **PART D: Strategy Implementation**  *For each strategy selected in Part C, provide a description of how each strategy will be implemented, a timeline for providing services and assistance to students and staff in both public and non-public schools, and how the LEA intends to assess the effectiveness of the strategy with special attention to its impact on student learning.* | |
| *Brief description of how each strategy will be implemented:* | |
| *Timeline for implementation*: | |
| *Plan to measure impact*: | |
| **PART E: Assurances** | |
| *All assurances are required to receive ESSER funds (PRC 163) as provided by the CARES Act. The Superintendent or authorized representative’s signature is required to indicate agreement with all assurances.* | |
| I assure that the above named District/Charter/Lab School will:  Create a budget of reasonable, necessary, and allowable expenditures of ESSER funds that corresponds to the LEA plan as described in Parts A through D above.  Create an equitable services consultation plan that addresses the ESSER funds (PRC 163) and contains a timeline that adheres to guidance put forth by the North Carolina Department of Public Instruction.  Maintain documentation related to the use of ESSER funds (PRC 163) as part of the CARES Act that may be subject to audit or review.  Comply with the requirements of section 442 (20 U.S.C. 1232e) and section 427 (20 U.S.C. 1228a) of the General Education Provisions Act (GEPA). | |

Name of Superintendent or Authorized Representative:

Position of Authorized Representative (if not Superintendent):

Signature of Superintendent or Authorized Representative:

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