## TRENTON PUBLIC SCHOOLS



## TRENTON, NEW JERSEY

**Coordinated ESEA** Support for Parents as Partners in Academic Achievement High Quality Workshops and Programs to Engage Parents/Families in Support of Academic Achievement, K-12

Please complete and submit with requisition and quote (s) per District Purchasing Manual and within established timelines. The TBOE Purchase Order confirms the obligation of funds. Refer to and adhere to Internal Control Guidelines for purchasing under federal grants. **Submit for approval to Carmen Reyes, Office of Grants and Funded Programs.** 

PART I: Complete for supplies purchased under ESEA Parent Supply/Educational Materials		
1. Name of Event	3. Principal's/Administrator's Signature	
2. School/Department		
4. Contact Name and Email	5. Date (s) of Event (s)	
6. Anticipated Number of Participants	8. Grade Levels Involved	
7. Parents/Family: Staff: Community/Others:		
9. Supply Vendor:	11. Total Cost: \$	
10. Contact Info:	12. Attach Quote (s)	
13. Brief description of how the supplies are used to supplement this parent training/workshop event (s).		
To brief description of now the suppress are used to suppressent time parent training, workshop event (s).		
List the objective (s) of the parent training, event and attach agenda with the date and name of event.		
List the objective (s) of the parent training, event and attach agenda with the date and name of event.		
14. Is the training is being held in conjunction with another activity?  Yes No		
15. Name the activity:		
1. Is this nement tradicing decommented in the District on School Dian?  Ver		
16. Is this parent training documented in the District or School Plan?  Yes No		
17. How was this event advertised? Check all that apply. **Attach evidence as appropriate.		
□ School Website** □ District Website**		
□ Flyer/Invitation/Poster** □ Other**		
Principal/Administrator Outreach     Title I Climate and Culture Leader		
Robo Call   Title I Literacy and/or Mathematics Leader		
	Teacher (s)     Title II District Instr. Tech Teacher	
Image: Newsletter **     Image: Bilingual/ESL Supervisor (Title III District Administrator)		
PART II: To be completed by Office of Grants and Funded	•	
Date Received   By Whom		
Date forwarded to Grants Accountant for verification of funds		
Approved by Administrator for total cost not to exceed \$ I Yes I No		
Signature: , Gra	nts and Funded Programs Date:	
Date returned via email to school contact for completing Pa	art III and filing	
PART III ESEA Monitoring and Evaluation: Complete after parent training/event. Attach all applicable		
documents to this checklist and maintain in the ESEA Parent Involvement School Binder. Keep binder/s on file in school		
office for at least three years.		
□ Sign-in sheets including date and name of event □ Participant survey or evaluation of training and summary		
Relevant handouts presented during event   Purchase Order copy of receipt		
TPS/GFP:2016-17:4/28/2017R		

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## **TRENTON, NEW JERSEY**

**Coordinated ESEA** Support for Parents as Partners in Academic Achievement High Quality Workshops and Programs to Engage Parents/Families in Support of Academic Achievement, K-12

Please complete and submit with requisition and Aramark quote prior to initiating food (catering or miscellaneous food) purchasing process and within established timelines. The TBOE Purchase Order confirms the obligation of funds. Refer to and adhere to Internal Control Guidelines for purchasing under federal grants. **Submit for to Carmen Reyes, Office of Grants and Funded Programs.** 

PART I: Complete for ALL events when food will be purchased.		
1. Name of Event	3. Principal's/Administrator's Signature	
2. School/Department		
4. Contact Name and Email	5. Date & Time of Event	
6. Anticipated Number of Participants	7. Grade Levels Involved	
Parents/Family: Staff: Community/Others:	7. Grade Levels Involved	
8. Food Catering Vendor: ARAMARK	10. Total Cost: \$	
9. Approved Miscellaneous Food Vendor Name:		
Contact Info:	11. Quote Attached (circle): YES NO	
12. Will RSVP be requested?  Ves No		
13. Will this food be purchased for a parent training?  Yes No		
14. Is this training documented in the District or School Plan?  Yes No		
15. Is the training is being held in conjunction with another activity?		
15. Is the training is being held in conjunction with another activity?  Yes No		
16. Name the activity:		
17. List the objective (s) of the training, event and attach agenda with the date and name of event.		
18. How was this event advertised? Check all that apply. **Attach evidence as appropriate.		
□ School Website** □ District Website**		
□ Flyer/Invitation/Poster** □ Other** □ Principal/Administrator Outreach □ Title I Climate and Culture Leader		
-		
<ul> <li>□ Robo Call</li> <li>□ School Parent Liaison Outreach**</li> <li>□ Title I Literacy and/or Mathematics Leader</li> <li>□ Title II District PD Teacher (s)</li> <li>□ Title II District Instr. Tech Teacher</li> </ul>		
□ Newsletter ** □ Bilingual/ESL Supervisor (Title III District Administrator)		
PART II: To be completed by Office of Grants and Funded Programs For office us only		
Date Received By Whom		
Date forwarded to Grants Accountant for verification of funds		
Approved by Administrator for total cost not to exceed \$ U Yes U No		
0	s and Funded Programs Date:	
Date returned via email to school contact for completing Part III and filing		
PART III ESEA Monitoring & Evaluation: Complete after parent training/event. <u>Attach all applicable</u>		
documents to this checklist and maintain in the ESEA Parent Involvement School Binder. Keep binder/s on file in school		
office for at least three years.		
	cipant survey or evaluation of training and summary	
□ Relevant handouts presented during event □ Purchase Order copy of receipt		

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