

## Family Resource and Youth Services Centers

### School District Assurance Certification FYs 09-10

I certify that, to the best of my knowledge, the information submitted as documentation for Family Resource and Youth Services Center Continuation Program Plan is correct and complete. The school district has authorized me as its representative to obligate this school district to conduct any ensuing program or activity in accordance with all applicable Federal and State laws and regulations and the following program assurances:

- Compliance with all FRYSC-related statutes and any policies or procedures set forth by the Cabinet for Health and Family Services through its Master Agreement with the school district;
- District Contact/Designee representation at required FRYSC meetings designed specifically for these individuals;
- The center Advisory Council must have a shared role in the hiring of the center coordinator by recommending an applicant to the SBDM if one is in place and the Superintendent;
- Student and family records will be kept following the guidelines set forth in the FRYSC School Administrators' Guidebook;
- Each Center will maintain written documentation verifying:
  - The number of children eligible to receive free school meals on Dec. 1, 2007 at each school served by the center for FY 09 and Dec. 1, 2008 for FY 10;
  - Permanent representation on the Comprehensive School Improvement Planning teams effective for the 2009-2010 school years for each school served by the center;
  - The development of Action Component Plans for each core and optional component provided by the center (with evidence of collaboration with other school district programs);
  - Current needs assessment data that supports programs and activities included in the center's Action Components;
  - An active Advisory Council as outlined in the Master Agreement; and
  - Center staff has access to STI/Infinite Campus.

It is understood that the submission of this certification and accompanying center budget constitutes an offer, and if accepted by the Cabinet for Health and Family Services or negotiated to acceptance, a Master Agreement will form a binding agreement.

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Board Item No. & Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board of Education Chairperson Signature

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Date

