

**2020-2021 Crusade for Children Grant****1. Grant Instructions****Grant Preparation Instructions**

**THIS APPLICATION MUST BE SUBMITTED ONLINE ON OR BEFORE 4:00pm (EST) THURSDAY, JANUARY 9, 2020**

Complications you encounter with online program will not be accepted as a reason to miss the deadline if you wait until January 9 to submit.

- The mission of the WHAS Crusade for Children is to make life better for children with special needs by inspiring generosity with our community partners. For this grant, a demonstrable physical, medical, mental, or emotional need that is not experienced by the greater population, is considered a special need. Your grant must serve this population.
- The only time a second application should be completed is to differentiate a capital project from a program project. Permission must be obtained prior to submitting a second application.
- Please make sure all required attachments appear with the original application. The application you submit will be final.
- The person(s) responsible for preparing this application should carefully read all of the rules on the following page.

**Responsibility for the allocation of Crusade funds rests with the members of the WHAS Crusade for Children Advisory Panel and the WHAS Crusade for Children Board. The Advisory Panel members are:**

- **Dr. Greg Earwood**  
Retired - Baptist Seminary of Kentucky, Georgetown
- **Fr. Joe Graffis**  
Semi-retired - Archdiocese of Louisville
- **Fr. John J. Stoltz**  
St. Aloysius Church
- **Rabbi Emerita - Gaylia R. Rooks**  
The Temple, Louisville
- **Dr. John Slider**  
Breckenridge Chapel, Free Methodist, Louisville
- **Rabbi Emeritus - Stanley Miles**  
Temple Shalom, Louisville
- **Father Tony Smith**  
Semi-retired - Archdiocese of Louisville
- **Dr. Charles Burton**  
Second Baptist Church, Taylorsville

- **Rev. Jason Crosby,**  
**Crescent Hill Baptist Church, Louisville**
- **Rev. Sally McClain**  
**Retired - Edenside Christian Church, Louisville**
- **Rev. Clay Calloway**  
**West Louisville Ministries Coalition**
- **Dr. Marian Taylor**  
**S. Frankfort Presbyterian Church, Shelbyville**
- **Rev. Daniel Corrie Shull**  
**Burnett Ave. Baptist Church, Louisville**

## 2. Crusade Grant Rules

### **Crusade Grant Rules**

**Grant Year** - The grant year is from September 1, 2020 to August 31, 2021. Grants will be made only for programs or projects that can be completed in that time frame. Grants cannot carry over from one year to the next unless there are approved extraordinary circumstances.

#### **Grant Scope**

- Grants will be awarded only to programs implemented by non-profit agencies, schools, and hospitals whose primary function is the treatment or education of children with special needs 18 and under. Grants will not be awarded to individuals or for the benefit of a single child.
- Grants are awarded for specific purposes and programs. Agencies must request approval to change the purpose of the grant. Any savings realized will be retained by the WHAS Crusade for Children.
- Grants are awarded to support salaries for persons who work directly with children with special needs and not to support any remuneration beyond salary (including travel, benefits, and training). Grants will not be awarded for salaries for administrative services.
- Grants must focus on direct services to children with special needs. Grants will not be awarded to requests that focus solely on parents, other family members, or are strictly research based.
- Grants that address the socio-economic special needs of children will be reviewed through the filter of the primary mission of the WHAS Crusade for Children to address the physical, medical, mental, and emotional needs of these children.

**Geographical Consideration** - Crusade grants must be spent entirely for children in Kentucky and Indiana. No part of a grant may be sent to an affiliated national headquarters. Whenever possible, grants to Kentucky agencies are made from contributions given by the people of Kentucky; and Indiana contributions are allocated to agencies in Indiana.

**Repeat Grants** - Being awarded a Crusade grant one year does not guarantee the agency will receive further grants. Applications are studied individually and will be considered along with all other applications each year.

**Public Accountability** - The Advisory Panel insists that the public be kept informed about how contributions are used. When funds are used for building projects, purchase of vehicles or installation of equipment, the Advisory Panel requires that an appropriate marker be placed to

identify them as gifts from the Crusade. (These markers are not paid for by Crusade grant funds.) The Panel also expects agencies receiving Crusade grants to credit the WHAS Crusade for Children in any publicity about those projects. If the funds are used to purchase equipment, vehicles or construction, please send a photo of the equipment, vehicle or construction along with a close up shot of how it is marked as being provided by the Crusade.

**Lending Equipment** - Grants awarded to provide equipment (to include animals) or services for an individual or a child's family must remain the property of the agency, school, or hospital. It can be loaned through an agreement for a designated period of time. At the end of the agreement, equipment must be returned or a new agreement established.

**Vehicles** - When buying a vehicle, the Crusade will not pay for insurance, license and transfer of title or any other expense connected with buying a vehicle.

**Insurance** - Equipment, buildings and vehicles purchased in whole or in part with Crusade funds MUST BE FULLY INSURED.

**Buildings** - Applications for building projects must include cost estimates based on an actual bid from an architect or contractor. Agencies receiving Crusade grants for remodeling or construction of a building should require the general contractor to post a performance bond as well as a bond covering payment to all subcontractors.

**Grant Payments** - When a grant is made, the money involved is retained by the WHAS Crusade for Children until its terms have been met by the applying agency. An AGENCY REIMBURSEMENT FORM must be accompanied by related vendor invoices. Agencies must pay all bills and then request reimbursement from the Crusade. The deadline for reimbursement requests is September 15, 2021.

**Salaries** - The Crusade does not pay benefits or employer payroll taxes. AGENCY REIMBURSEMENT FORMS must be filed with each reimbursement payment. The Crusade requires:

1. Accurate time sheets with hours worked and rate-of-pay or
2. Payroll registers/statements containing each person's name, payroll employee number, rate of pay and hours worked

**Grant Priority** - Each year, more money is requested by agencies than is available. Therefore, first priority will be given to agencies serving children in Kentucky and Indiana counties where residents support the Crusade.

**The WHAS Crusade for Children does NOT pay for the following items:**

- Overhead costs, such as administrative positions, postage, copies, etc.
- PR or public awareness campaigns
- Benefits or any portion of employee benefits
- Extended warranties or installation for equipment of any type
- Taxes (the Crusade only funds tax exempt agencies who should only pay limited or no taxes)
- Shipping or freight expenses
- Employee continuing education/training or travel expenses/lodging
- Personal items, such as food, t-shirts, costumes, etc.

**Audit Requirements** - These requirements must be met as outlined in the attachment pages of the grant.

I have read and agree to the Crusade Grant Rules:

Yes

### 3. Contact Information

Is this the first time your organization has applied for a grant with the Crusade for Children?

Yes or No

No

## ORGANIZATION

Legal Name of Organization

Marion County Public Schools

DBA (if applicable)

Only type in this field if DBA is SIGNIFICANTLY DIFFERENT from LEGAL NAME OF ORGANIZATION

Marion County Public Schools

Nickname

If your organization is approved to submit more than one grant, provide a Nickname that identifies each grant request, i.e, UofL-Wiesskopf/STAR Program or UofL-Scholarships (MOST AGENCIES WILL NOT HAVE A NICKNAME)

Marion County Public Schools

Organization EIN / Federal ID Number

Marion County Public

Tax Status

501(c)3

Organization Type

Schools

Organization Address

755 East Main Street

City

Lebanon

State

KY

ZIP Code

40033

County

Marion

Phone

270-692-3721

Fax

270-692-1899

Web Address

www.marion.kyschools.us

Organization Mission Statement

MISSION: Marion County Public Schools: Where WE.....DREAM, BELIEVE & ACHIEVE!

VISION: Marion County Public Schools is committed to the educational growth of every member in our community.

We BELIEVE in...

Delivering a rigorous and intentional curriculum ensuring ALL students graduate College &/or Career Ready.

Recognizing that personalized learning supports for each student ensure successful grade-level transitions.

Engaging families and the community to make certain that learning begins at birth.

Achieving results through data driven decisions and on-going assessments resulting in continuous school improvement.

Maintaining a safe, welcoming, school environment.

Inspiring a culture of High Expectations and Accountability for continuous learning.

Nurturing relationships that build active partnerships with students, staff, families and community.

Growing visionary leaders that will shape the future of or for Marion County.

Brief Organization Background

Provide a brief background for your organization

Marion County Public Schools is located in central Kentucky. We are the 2nd largest employer in our community with over 600 employees. Approximately 3300 students attend school in our district.

Marion County Public Schools is committed to six big dreams and we are committed to ensuring all children have the opportunity to be successful. We do not let a disability or socio-economic status dictate a child's level of success

### ORGANIZATION CONTACT: CEO, Executive Director or Superintendent

Prefix

Mrs.

First Name

Taylor

Middle Name

Last Name

Schlosser

Phone

270-692-3721

E-mail

taylor.schlosser@marion.kyschools.us

Title

Superintendent

**APPLICATION CONTACT - This should be the person who submits the application and will be the main contact for the Grant. (These fields must be completed, even if same as the Organization Contact.)**

Prefix

Mrs.

First Name

Traci

Middle Name

Young

Last Name

Required Field  
Sharpe

Phone

270-692-3721

E-mail

traci.sharpe@marion.kyschools.us

Title

Director of Exceptional Child Education

## 4. Grant Information

### 2020-2021 Grant Information

**1. REQUESTED AMOUNT: State the dollar amount you are requesting in this grant application.**

23550

**2. PROJECT TITLE**

Interactive Metronomes

**3. BRIEF PROJECT DESCRIPTION: Summarize in 100 words or less.**

Interactive metronome (IM) is an evidence-based assessment and training tool that measures & improves the synchronization of neural impulses within key brain networks for cognitive, communicative, sensory & motor performance. Students benefit from this program to help with skills imperative for functional participation in the school setting. IM, incorporated within a student's daily schedule, would allow the student to spend 15-30 minutes in direct intervention that could assist with their ability to attend to lectures, process academic information, and/or coordinate movements to safely walk among peers. IM allows various therapists to collaborate and target different areas with one intervention.

**4. EXPANDED DETAIL: In the space below, include expanded details of the project. (1,000 word limit - approx. 2 pages)**

Interactive Metronome would be introduced as a method of intervention for students from the elementary levels to the high school levels. This introduction would involve collaboration between therapists and teachers in order to support the child with a plan that fits him or her best. Therapists would be trained in the implementation and foundational research behind Interactive Metronome in order to best provide treatment and educate staff and parents. Interactive Metronome would then be introduced to schools within Marion County, specifically incorporated within a child's treatment plan. Children would participate in Interactive Metronome if appropriate and only within the supports of a current Individualized Education Plan (IEP). The needs for this treatment approach would be related to the services and goals the child's IEP includes. The multiple IM systems/supplies located in the schools would allow children from all backgrounds and regions within the county to participate in and benefit from the evidence-based intervention.

Interactive Metronome consists of the following supplies and devices: IM Pro MCU, wireless button triggers, wireless tap mats, headphones, large hand glove, small hand glove, USB cable, Y-connector, and preloaded hours, based upon type of package. The rehab package would allow therapists to create a plan for the student, dependent on skills levels. Student will be initially assessed, participating in the program, with a wireless button trigger for their dominant hand, non-dominant hand, dominant foot, and non-dominant foot. This will allow the professional to assess where a child scores with regards to their neuro-timing, and what the initial program will be. This program is functional for tailoring an individualized program, initially programmed by an IM-trained therapist, for what areas the child needs. The therapist would assess a child's current neuro-timing, then create a plan for the child to participate in 3-5 days of the week. The child's plan would then be created and located by designated staff members (i.e. teachers, therapists, instructional aides) on Interactive Metronome's resource called the E-clinic. Scores and duration of a child's session would be recorded and saved in the E-clinic for the therapist to check at the end of each week. The collaboration between staff and interactive metronome trained therapist would be consistent throughout a child's program.

Interactive Metronome was created to introduce increased distractions or visual elements as the child progressed towards improved timing of the brain. The sequential order would include having the child clap to the beat without looking at the screen (auditory processing), introducing clapping while looking at screen (auditory and visual processing), and finally engaging in interactive, motivating games that correlate with the beat (increased auditory and visual processing). The child will activate the trigger upon hearing the beat, causing a character or object in the game to complete a positive action. When the child activates the trigger too late or too early, the character or object shows a negative response. This motivates the student to focus on activating the trigger within milliseconds of the auditory beat in order to progress within the game. This would be a generalized description on the progression taught through the IM program/training. Scores will be recorded, easily comparable to past data and readily available to become beneficial for progress data.

**5. STATEMENT OF NEED: Summarize in 100 words or less why this grant is needed.**

The students in the Marion County School district would greatly benefit from additional support for their educational performance through participation in Interactive Metronome. This therapeutic activity targets coordination and overall processing. It also allows professionals from multiple disciplines to work together for one cause: Students' ability to learn and obtain the necessary tools they need to succeed. This grant would allow Marion County Schools to provide evidence-based, therapeutic interventions to students, who may not have the opportunity to engage in these types of approaches due to lack of abundant resources coming from and residing in a small, rural community.

**6. Please choose which category best serves the population of children you are serving.**

Mental Challenges  
Physical Challenges  
Medical Challenges

## Emotional Challenges

**7. What age range will this grant serve?**

Click all that Apply

6 - 12

13 - 18

**8. How many children with special needs will this grant serve, if awarded?**Number of Children in Kentucky  
95Number of Children Indiana  
0**9. Describe how your request meets the Crusade's mission to help children overcome physical, mental, emotional and medical challenges.**

Children in the Marion County district would benefit from support through introduction and utilization of an evidence-based, multi-targeted approach: Interactive Metronome. Interactive metronome is one technique that will target many areas. These areas may be impacting a child's ability to pay attention while in the classroom setting or process multi-step directions given by their teacher. These are important aspects that allow a child to grow and learn in the educational system. Interactive Metronome helps children overcome the following challenges:

Physical: motor coordination, using both sides of the body, maneuvering throughout busy environments, balance during dynamic movements

Mental: processing of information, creating new neuron pathways in the brain, improved sustained attention during functional tasks

Emotional: improved self-regulation, maintained arousal levels, central nervous system processing within multiple areas (visual, auditory, tactile)

Medical: functional use of extremities, gait training, strengthening with active, repetitive movement

**10. Indicate the home counties of children you serve**

If more than 10 counties, include in expanded detail section below

Marion (KY)

Nelson (KY)

Taylor (KY)

Boyle (KY)

Washington (KY)

**5. Grant Details****Provide Amounts for the 4 Requested Areas of Funding.**

**1. PERSONNEL SALARY COSTS: Only complete this section if you are asking for salaries. If not, put a 0 in fields that are not applicable.**

**Total Salary Costs**

Provide the total salary amount(s) for any person(s) you are requesting funding.

0

**Salary Amt. Requested from Crusade**

Provide the portion you are requesting from the Crusade.

0

**Percent - Personnel Salary**

This field will calculate automatically. Do not click.

0.00%

## 2. CAPITAL COSTS: Complete this section if you are constructing, renovating or improving your facilities.

If not, put a 0 in fields that are not applicable.

### Total Capital Costs

Designated for construction projects. Total cost of construction/renovation/improvements

0

### Capital Costs Requested from Crusade

Provide the portion of the capital costs you are requesting from the Crusade.

0

### Percent - Capital Costs

This field will calculate automatically. Do not click.

0.00%

## 3. PROGRAM/PROJECT/EQUIPMENT COSTS: Complete this section if your purchasing equipment, supplies or requesting funding for program costs.

If not, put a 0 in fields that are not applicable.

### Total Program/Project/Equipment Costs

Provide the total cost of program/project costs.

23550

### Program/Project Amt. Requested from Crusade

Provide the portion of Program/Project Costs you are requesting from the Crusade.

23550

### Percent - Program/Project Costs

This field will calculate automatically. Do not click.

100.00%

## 4. UNIVERSITY SCHOLARSHIPS: Complete this section if you are an accredited University seeking funding for scholarships.

If not, put a 0 in fields that are not applicable.

### Total Scholarship Costs

Provide the annual cost(s) of education for any person(s) you are requesting funding.

0

### Scholarship Amt. Requested from Crusade

Provide the scholarship amount you are requesting from the Crusade.

0

### Percent University Scholarships

This field will calculate automatically. Do not click.

0.00%

## 5. Sum Total of All Costs in Areas 1-4 above (Personnel, Capital, Program/Project, University Scholarships) The SUM of all Requested Costs should equal the dollar amount you are asking from the Crusade.

### SUM of Total Costs

This field will calculate automatically. Do not click.

23550.00

### SUM of all Requested Costs -

**CLICK this field to populate all the Percent's in this section**

THIS AMOUNT SHOULD EQUAL THE AMOUNT YOU ARE REQUESTING FROM THE CRUSADE.

23550.00



## 6. Itemized List of Requested Items in Order of Priority

Include itemized name for all requests, i.e., Item 1: Salary for two Speech Therapists, Item 2: Omnibed, Item 3. Capital costs to renovate hospital wing, etc.  
Smaller items may be grouped into 1 category, i.e., Art Supplies (make sure you itemize all supplies in a spreadsheet and attach.)

Item 1	Item 1 Amount
Interactive Metronome Rehab Package	7850

Item 2	Item 2 Amount
Interactive Metronome Rehab Package	7850

Item 3	Item 3 Amount
Interactive Metronome Rehab Package	7850

Item 4	Item 4 Amount
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Item 5	Item 5 Amount
--------	---------------

Item 6	Item 6 Amount
--------	---------------

Item 7	Item 7 Amount
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Item 8	Item 8 Amount
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### Sum Itemized Amounts

This field will calculate automatically. Do not click.

THIS AMOUNT SHOULD EQUAL THE DOLLAR AMOUNT

YOU ARE REQUESTING FROM THE CRUSADE.

23550.00

## 7. This section allows you to expand on your request and provide details, quotes, and pictures (if available) for items listed above.

**Keep in order of priority. If your request is more than 8 items, include additional items with your attachment.**

**Smaller items may be grouped into categories. If you ask for grouped items, i.e., Art Supplies, you must detail the request in a spreadsheet.**

**(Note: Choose file and then click upload.)**

Include all together as one PDF document.

[WHAS 2020 Breakdown and Flyer.pdf](#)

## 8. How will you proceed if the Crusade does not fully fund your grant request.

If the WHAS Grant is unable to fully fund our request, we will proceed with this project as our budget allows.

### 9. Explain how the success of this grant will be measured.

The success of this grant will be measured by the improved attention, motor planning,

sequencing, and many fundamental cognitive capacities such as planning, organizing and language.

**10. If you received a Crusade grant last year, briefly describe the success of the grant, including your outcomes and how they were measured. Please share specific examples.**

Last year's grant paid for Rifton Compass chairs for the preschool classrooms. The Rifton Compass chairs look more like regular classroom chairs, not the traditional wooden chairs. There was a need for additional chairs in the classrooms, prior to the grant teachers were moving chairs to and from the cafeteria and other classrooms. With the addition of the new chairs, children are very willing to sit in the chairs. The chairs have increased student engagement in the classroom in small groups and large groups by providing more students with the opportunity to participate.

**11. Organization Budget: Based on your most recently submitted IRS Form 990. (Schools should use totals from their most recent District Audit.)**

Total Revenue (line 12 of your 990) 37032313.00	Total Expense (line 18 of your 990) 35621381.00	Net Income Amt CLICK THIS FIELD TO POPULATE AMOUNTS. 1410932.00	Total 2019 Agency Budget Amount Departments should report total department budget Schools should report budget for special needs program 3292195
Explanation of Net Income Deficit or Surplus Surplus due to conservative spending			
Percent of Budget derived from Grants Use whole numbers, do not use % symbol 11	Percent of Budget Derived from Fees Use whole numbers, do not use % symbol 0	What percentage of your board contributes to your agency financially? Use whole numbers, do not use % symbol 0	

**12. How will your agency make the community aware of your grant award and its impact on community?**

If we receive the WHAS Grant, we will utilize social media, our district webpage, local radio and newspaper to inform our community of the grant and its impact.

**13. What are your fundraising plans for the Crusade in your community?**

**If you choose "Other" please explain below.**

Special Events

**Other**

## 6. University Scholarships

**Complete this Section *ONLY* if you are Requesting Funding for University Scholarships**

### Cost Per Hour:

**Undergraduate Instruction**

**Graduate Instruction**

### Total Number of Students Currently Enrolled as Special Education Majors:

**Undergraduate Students**

**Graduate Students**

**For Each Year, Provide the Total Number of Students Graduated from Program Certified to Teach Special Education**

2016      Bachelors      Masters

2017      Bachelors      Masters

2018      Bachelors      Masters

2019      Bachelors      Masters

2020      Bachelors      Masters **Number of Crusade Scholarships to be Granted**

### Sources of Financial Aid for Students Majoring in Special Education

## 7. Attachments

**ATTACHMENTS -- (Note: You must choose file and then click upload. We recommend you upload .pdf files. Each document name should begin with the years 2020-21 followed by name.)**

1. A copy of the agency's most recently completed audit report is required. The audit must be in accordance with standard GAAP/GAAS, performed by a local, independent CPA and dated after December 2017. Audit requirements are as follows:

1. for budgets over \$500,000 an audit is required every year; (public schools in Indiana will follow their state law audit guidelines)
2. for budgets between \$251,000 and \$500,000 an audit is required every other year with an approved financial review the years between; and
3. for budgets under \$250,000 an annual board approved financial review is required.

Name document 2020-21 Most Recent Completed Audit

[2020-21 Most Recent Audit Completed.pdf](#)

2. A complete IRS Form 990 must be included with all applications if the agency is required by federal law to file such a form. (Boards of education, for example, are exempt from this requirement.) For all others, the IRS 990 and audit report must cover the same fiscal period.

Name document 2020-21 IRS Form 990

3. IRS determination letter granting 501(c)(3) status

Name document 2020-21 501c3 Letter

4. A list of the agency's board of directors is required. The list must include names, addresses and each person's title (e.g. president, secretary).

Name document 2020-21 Board members

5. A copy of the agency's most recent annual report, if one is published, is required.

Name document 2020-21 Agency Report

6. Your agency's Executive Director and the president of your agency's board of directors must submit written authorization on letterhead approving the request and agreeing to maintain any items purchased with WHAS Crusade for Children funds. (School systems must have approval from the superintendent and school board president. Universities must have approval from the president and dean of school.)

Name document 2020-21 Authorization Letter

7. When applicable, the agency must submit a brief summary of the educational requirements and specialized training of teachers, medical professionals and other persons who are involved in direct interventions for children with special needs. Mandatory for all schools and medical professionals.

Name document 2020-21 Education

## 8. Signatures

**All applicants for a WHAS Crusade grant must read and agree to the requirements of this application. Failure to comply will result in disqualification of the application. Checking the box below each statement indicates agreement on the part of the applicant.**

If a grant is awarded, your agency must agree to submit a mid-year Agency Report Form and a final Agency Report Form on the dates required. (March 15, 2021 and September 1, 2021)

Yes

Grant money must be used by August 31, 2021 and requested for reimbursement by September 15,

2021 for the specific purpose listed in the grant. After that date, unspent funds remaining will be retained by the Crusade.

Yes

Any vehicle purchased entirely with Crusade funds may be used only for the transportation of children with special needs. If the vehicle is purchased with partial Crusade funds, the use of the vehicle to transport children with special needs will depend on the percentage of Crusade dollars awarded. The sign on the back or side of the vehicle must state "Funded by the WHAS Crusade for Children, Inc.", or "Partially funded by the WHAS Crusade for Children, Inc."

Yes

Schools must be up-to-date with accreditation requirements.

Yes

The Crusade requires that property of any kind acquired with grant money be held and used only by the applicant for the non-profit purpose designated. Disposal of equipment requires approval by the Crusade. If an applicant discontinues using the property for the described non-profit purposes, misuses a vehicle or other equipment for other than transporting or treating children with handicaps, or disposes thereof without the Crusade's written approval, the applicant agrees to refund in cash to the Crusade, IMMEDIATELY AND WITHOUT DEMAND, THE ENTIRE AMOUNT OF THE MONEY GRANTED REGARDLESS OF THE AGE OF THE VEHICLE OR PIECE OF EQUIPMENT.

This action will be taken by the WHAS Crusade for Children with full publicity of the offending agency's misuse of funds donated by the public.

Yes

## **9. Public Accountability Standards**

1. I certify that the organization named in this application accounts for its funds in accordance with generally accepted accounting principles (GAAP) and was audited in accordance with generally accepted auditing standards (GAAS) by an independent CPA in the immediately preceding year; OR organizations with an annual budget less than \$250,000, a Board approved financial review replaces an audit.

Yes

2. I certify that the organization named in this application is directed by an active and responsive governing body whose members have no material conflict of interest and a majority of whom serve without compensation.

Yes

3. I certify that the organization named in this application is chartered/incorporated under a governmental entity.

Yes

Type the Name and Title of the Individual submitting this application.

Traci Y. Sharpe, Director of Exceptional Child Education