

<b>DISTRICT NAME</b>	<b>COUNTY DISTRICT NUMBER</b>
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NONPUBLIC SCHOOL NAME:	Total Nonpublic Membership as of March 1, 2023 _____
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<b>1. COMPETITIVE FEDERAL PROGRAM</b>
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A. Federal Program	B. Nonpublic School Consulted	C. Nonpublic School Participating	D. Comments if needed
<b>Title IV, Part A - Stronger Connections Grant</b>	Yes    No	Yes    No	

**A. The Nonpublic is requesting Stronger Connections Grant funds in the allowable use category of Safe and Healthy for the following use(s):** *(check all that apply)*

- |  |   |   |                             |
|--|---|---|-----------------------------|
| Drug and violence prevention training  | Child sexual abuse awareness and prevention | Human trafficking awareness and training  | Re-entry programs           |
| Parental involvement activities  | School-based mental health services         | Healthy/Active lifestyle program  | Suicide prevention training |
| Relationship-building activities/programs  | School dropout prevention programs          | Building school and community relationships   | Social/Emotional Learning   |
| Trauma-informed classroom management training and programs                                   |   | Violence prevention, crisis management and conflict resolution training             |                             |
| Reducing use of exclusionary discipline practices and promoting supportive school discipline |   | Schoolwide positive behavioral interventions support (PBIS) activities and programs |                             |
| Coordinate with other schools and community-based services and programs                      |   | Preventing bullying and harassment activities and programs                          |                             |
| Other safe and supportive programs or services (if so explain) _____                         |   |   |                             |

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This is to certify that a consultation occurred between a representative of _____ District and _____ Nonpublic School.	Date of Consultation:
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**To be marked by the Nonpublic School Representative:** I agree with the equitable and effective programs that will be implemented based on this consultation.  Yes  No

Typed/Printed Name of <b>Public School</b> Representative:	Title:	Telephone Number:
Signature of <b>Public School</b> Representative:	Email:	Date Signed.
Typed/Printed Name of <b>Nonpublic School</b> Representative:	Title:	Telephone Number:
Signature of <b>Nonpublic School</b> Representative:	Email:	Date Signed.