



REGIONAL OFFICE OF EDUCATION  
KANE COUNTY

Patricia Dal Santo, Regional Superintendent

## Equal Chance Program Mini-Grant Application

District Name/School: \_\_\_\_\_

Homeless Liaison: \_\_\_\_\_

### Student Information

**NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

### Mini-Grant Request

Services Requested: (check all that apply)

- Tutoring or other instructional support
- Expedited evaluation
- Staff Development
- Referrals for medical, dental, other health services
- Before/after school programming
- Costs for obtaining or transferring records necessary for enrollment
- School supplies
- Parent education related to rights/resources
- coordination between schools and other agencies
- Counseling; addressing needs related to domestic violence
- clothing to meet school requirement
- Referral to other programs/services
- Emergency assistance related to school attendance
- Other \_\_\_\_\_

Amount Requested \_\_\_\_\_

District Homeless Liaison Approval(signature): \_\_\_\_\_ Date: \_\_\_\_\_

ROE Liaison (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Send to: Give to Deb Dempsey/will deliver

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

1. Attach invoice or paid receipt
- 2 Submit to the attention of your Regional Liaison for approval