



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

**McKinney-Vento Homeless Assistance Act Grant Program  
Third-Year Carryover Request**

Pursuant to the General Education Provisions Act (20 U.S.C., 1225(b)), the District of Columbia Office of the State Superintendent of Education (OSSE) is issuing this document to McKinney-Vento Homeless Assistance Grant (MKV) subgrantees in the final year of their subgrant to request a one-year grant extension. Please submit completed forms to [OSSE.Cares@dc.gov](mailto:OSSE.Cares@dc.gov).

\_\_\_ We request an extension of our MKV subgrant expiring on Sept. 30, 2020. This extension will extend the period of availability of the federally funded portion of our grant through Sept. 30, 2021.

I am requesting this extension because it is not possible to obligate funds on a timely basis as originally planned, due to extensive closures in the District of Columbia. These closures are in response to extraordinary circumstances for which a national emergency has been duly declared by the President of the United States under the Robert T. Stafford Disaster Relief and Emergency Assistance Act and will protect the health and safety of students, staff, and our communities.

In seeking this extension, I assure that:

\_\_\_ We will use funds under the respective program(s) in accordance with the provisions of all applicable statutes, regulations, program plans, and applications.

\_\_\_ We will work to mitigate any negative effects, if any, that may occur as a result of the requested extension.

Before granting any extension, OSSE will review a subgrantee's compliance with the grant terms, conditions, and performance in meeting program goals and objectives.

By completing the requested information below, I am affirming submission of this waiver on behalf of my LEA.

\_\_\_\_\_  
Head of School or Authorized Representative Name & Title

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Contact Email

\_\_\_\_\_  
LEA Name

\_\_\_\_\_  
Date

X

*Amy Maisterra*

\_\_\_\_\_  
Head of School or Authorized Representative Signature