

FY \_\_\_\_\_  
Cheyenne-Arapaho Tribes  
Johnson O'Malley Program Application

Name of JOM Community: \_\_\_\_\_

**Student Information:**

**Please Print**

Full Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_  
(List Alternative School if applicable)

\*New students must submit a copy of your CDIB to the JOM Parent Committee or the JOM Program before any services can be provided for your child.

Parent/Guardian Signature:

This completed application will also serve as a Release of Information to Public School Personnel giving my consent to release any school information regarding my child, as requested by the JOM Coordinator or JOM contact person. I give consent for the Cheyenne & Arapaho Tribes Johnson O'Malley Program to take pictures of my child and give my permission of release of photos for JOM activities.

Phone Number: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\_\_\_\_\_

Print Parent/Guardian Name

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City/State/Zip Code

JOM COMMUNITY

JOHNSON O'MALLEY PROGRAM  
~ FY' \_\_\_\_\_ NEEDS ASSESSMENT ~

Your input is needed in completing the needs assessment survey for the JOM Budget. The purpose of the needs assessment survey is to gain input from parents, guardians, students, and school personnel on what services and activities JOM funding could be providing. Your input will assist the JOM Parent Committee in preparing the JOM budget for the upcoming year. Thank you for your participation in this survey.

Please check the category that describes you:

\_\_\_\_ Parent/Guardian      \_\_\_\_ Student      \_\_\_\_ Teacher

Educational Support Items: (Based on set income guidelines)

\*JOM students must qualify for the Free/Reduced Lunch Program or qualify for the set income guidelines that are accepted through the Parent Committee by-laws. The Parent Committee may set the income guidelines higher than the ones the school food program are set and the Cheyenne & Arapaho Tribes JOM Program must approve of them. Justification must be submitted to JOM Office.

Please select your top 7 choices with #1 being the most important: (Please number 1-9)

- \_\_\_\_ Basic School Supplies      \_\_\_\_ Extra Curricular (Instrumental rental, class fees, etc.)
- \_\_\_\_ Athletic Shoes      \_\_\_\_ Testing Fees (ACT, SAT, etc)
- \_\_\_\_ Eyeglass Assistance      \_\_\_\_ Class Supplies (Home Ec, Shop, Tech, etc.)
- \_\_\_\_ Graduation Gowns
- \_\_\_\_ Summer School (Academics, Drivers Education, etc.)

Please rank the following suggestions that you feel are the most important and should be provided by the JOM Program. Select you top four choices with #1 the most important. (Please number 1-7)

- \_\_\_\_ Tutoring      \_\_\_\_ Cultural Education      \_\_\_\_ Parent/Student Activities
- \_\_\_\_ Field Trips      \_\_\_\_ Award Banquets-(May through July, 1 Per Committee)
- \_\_\_\_ Summer Enrichment Camps (Math, Science, Reading, Physical, Arts/Crafts)
- \_\_\_\_ Educational Presentations (Job/Resume Seminars, Preparing for College, etc.)

JOM PARENT COMMITTEE

FY' \_\_\_\_\_ BUDGET AMOUNT: \$ \_\_\_\_\_

40% EDUCATIONAL SUPPORT: (Allowable cost include: School Supplies, Athletic Shoes, Shop Supplies, Instrument Rental, Home Economics, Lab Fees, Gym Suits, Testing Fees, Graduation Gowns, Science & Environmental Projects, Scholastic Magazines, Educational Materials, Summer Academic Fees.)

LINE ITEM: CANNOT EXCEED\$ _____	AMOUNT:
40% EDUCATIONAL SUPPORT	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
(TOTAL FOR EDUCATIONAL SUPPORT)	\$ _____

LINE ITEM: CANNOT EXCEED\$ _____	AMOUNT:
30% INCENTIVE AWARDS	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
(TOTAL FOR INCENTIVE AWARDS)	\$ _____

30% REMAINING FUNDING: (Includes: Administrative Cost, Field Trip (Admission, Meal Expense, Bus Driver Fees, Rental, Awards Banquet, Parent/Student Activity, Speaker Fees, Cultural Activities/Supplies, Activity/Fun Day, Picnics/Traditional Meals, Tutoring.)

LINE ITEM: CANNOT EXCEED\$ _____	AMOUNT:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
(TOTAL FOR REMAINING FUNDING)	\$ _____

As approved by the \_\_\_\_\_ JOM Parent Committee on \_\_\_\_\_

Chairperson

Secretary/Treasurer



HEAD START JOM PARENT COMMITTEE

FY \_\_\_\_\_ BUDGET AMOUNT: \$ \_\_\_\_\_

LINE ITEM: CANNOT EXCEED\$ _____	AMOUNT:
30% INCENTIVE AWARDS	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
(TOTAL FOR INCENTIVE AWARDS)	\$ _____

REMAINING FUNDING: (Includes: Administrative Cost, Field Trip (Admission, Meal Expense, Bus Driver Fees, Rental, Awards Banquet, Parent/Student Activity, Speaker Fees, Cultural Activities/Supplies, Activity/Fun Day, Picnics/Traditional Meals, Tutoring.)

LINE ITEM: CANNOT EXCEED\$ _____	AMOUNT:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
(TOTAL FOR REMAINING FUNDING)	\$ _____

As approved by the \_\_\_\_\_ JOM Parent Committee on \_\_\_\_\_

\_\_\_\_\_  
Chairperson

\_\_\_\_\_  
Secretary/Treasurer



JOHNSON O'MALLEY PROGRAM

~ EXPENDITURE REQUEST ~

PART A: JOM COMMUNITY NAME OR SCHOOL DISTRICT: \_\_\_\_\_

Requesting funding assistance for the following Activity *scheduled for:* \_\_\_\_\_ (Date)

Requesting Check: \_\_\_\_\_ (Allow one week for processing) Purchase Order: \_\_\_\_\_ (Allow one week for processing)

PART B: VENDOR INFORMATION: Payable to: \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_

DESCRIPTION/JUSTIFICATION: (List students or provide the listing form school) for whom request are for and indicate individual amount per student) **\*\*INVOICE FROM VENDOR IS REQUIRED\*\***

**\*We are requesting to use funds under this Line Item:**

PART C: COMMITTEE AUTHORIZATION: (This request **will not** be processed without Two Signature)

\_\_\_\_\_  
Chairperson Secretary/Treasurer

JOM APPROVAL: DATE RECEIVED: \_\_\_\_\_ TIME: \_\_\_\_\_ am/pm

- ~~ Is this expense allowed for in currently approved Budget? \_\_\_\_\_
- ~~ Are MEETING MINUTES approving this expense attached? \_\_\_\_\_
- ~~ Sufficient Vendor Information attached? \_\_\_\_\_

\_\_\_\_\_  
JOM Coordinator Date

\*\*\*\*\*  
**INDIAN EDUCATION COMMITTEE OFFICERS:** As of 8/18/98, please begin utilizing this Form to claim Mileage reimbursements. During our Recent BIA Review, we were advised that nay Mileage Reimbursements. During our Recent BIA Review, we were advised that any Mileage Reimbursement Claims must have *Actual Odometer Readings*. Your cooperation is appreciated.  
 \*\*\*\*\*

**Johnson O'Malley Program  
 ~ MILEAGE FORM ~**

\_\_\_\_\_  
**Name/Title**

\_\_\_\_\_  
**Start Date**

\_\_\_\_\_  
**Ending Date**

<b>Date</b>	<b>Time Left</b>	<b>Departed From</b>	<b>Destination/ Purpose</b>	<b>Time Returned</b>	<b>Odometer Start</b>	<b>Odometer Ending</b>	<b>Total Miles</b>

\_\_\_\_\_ Cents/Mile X \_\_\_\_\_ (Total Miles Traveled) =\$ \_\_\_\_\_

I certify the above Information is true and correct/minutes and expenditure request forms are attached.

\_\_\_\_\_  
 TRAVELER'S SIGNATURE/DATE

\_\_\_\_\_  
 COORDINATOR SIGNATURE/DATE



JOM Parent Committee

- Agenda

- I. Call Meeting to order
  
- II. Introduction of Officers
  
- III. Old Business
  
- IV. New Business
  
- V. Approved Expenditure Requests.
  
- VI. Next Meeting Date/time/refreshments
  
- VII. Adjournment

**Indian Education Committee  
Member Ethics and Code of Conduct Agreement**

As a member of the Cheyenne & Arapaho Tribes - Johnson O'Malley IEC, I shall adhere to the following code of conduct; and shall:

- Represent all IEC-Parent Committees (PC) honestly and equally and focus on the interests and mission of this organization.
- Avoid any conflict of interest or the appearance of impropriety and shall not use IEC committee membership for personal gain.
- Recognize that an IEC member has no legal authority as an individual and decisions can be only made by a majority vote at a committee meeting.
- Take no private action that might compromise the Committee or program administration and shall respect the confidentiality of privileged information.
- Encourage and respect the free expression of opinion by fellow committee members and others.
- Abide by majority decision of the Committee, while retaining the right to seek changes in such decisions through ethical and constructive channels with respect to the Chain of Command as stipulated in the JOM Handbook. *-Grievance Procedures*
- Be involved and knowledgeable about not only local educational concerns, but also about state and national issues.
- Not intrude into management or make staff decisions.
- Provide two weeks advance notice in writing upon decision to resign position within committee and upon resignation will return all Committee materials to the JOM Program Director.

The role of the IEC Committee member shall be to:

- Attend local PC and IEC meetings as duly called.
- Define Mission and Vision and determine long and short term goals for the JOM Program.
- Monitor and evaluate the JOM program and its progress in relation to its Mission, Vision, and goals.
- Develop policies that set the parameters for IEC and local PC governance, and program operations.
- Provide stewardship of the fiscal resources in relation to the mission of the JOM program.
- Ensure timely submission of appropriate documents for local PC.
- Maintain avenues for effective communication with all stakeholders.
- Advocate for students and quality public & tribal education.
- Abide by all laws, rules, and regulations and policies; and model ethical behavior at all times.

I, \_\_\_\_\_, have read and will abide by the code of conduct and roles as stated above, and by my signature affixed hereto, I understand that any failure to adhere to the aforementioned code of conduct and roles of an IEC member may result in my dismissal as IEC member in accordance to the approved bylaws as stipulated in the JOM Parent Handbook.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name