

**CHOCTAW NATION OF
OKLAHOMA
JOHNSON-O'MALLEY
PROGRAM**
Program Application

LEADERSHIP'S ACTION

JOM Amount Approved \$ _____

Special Program Amount \$ _____

Educational Program Amount \$ _____

Signature

Date

School: _____

County: _____

Total School Enrollment _____

Indian Enrollment _____

Total JOM Students in Program _____

Statement of Need: _____

Objectives: _____

Activities: _____

Evaluation Procedures: _____

Duties of Employee: _____

Parent Committee Involvement: _____

Program Supervisor: _____

School Administrator

Chairperson

Vice-Chairperson

Secretary

Member

Member

CHOCTAW NATION OF OKLAHOMA
JOHNSON-O'MALLEY PROGRAM
Special Program Contract

Date of Application: _____

School: _____

County: _____

Total School Enrollment _____

Total JOM Students in Program _____

Objectives: _____

Evaluation: _____

Job Description: _____

Form continues on next page.

Name of Employee: _____

Position of Employee: _____

JOM MONTHLY EXPENSE

Employee Salary without Benefits: \$ _____

Matching Social Security: \$ _____

Matching Teacher Retirement: \$ _____

Other Benefits: \$ _____

Total JOM Monthly Expense: \$ _____

Number of Months Paid with JOM Funds: \$ _____

Total JOM Contribution: \$ _____

School Contribution: \$ _____

Total Program Cost/Total Yearly Salary: \$ _____

Employee: _____

Teacher Supervisor: _____

**CHOCTAW NATION OF
OKLAHOMA
JOHNSON-O'MALLEY
PROGRAM**
Educational Support Breakdown

Date of Application: _____

School: _____

County: _____

BUDGET

ITEMS	NUMBER OF STUDENTS	AMOUNT PER STUDENT	COST

Total: \$ _____

Educational Support Funds Requested: \$ _____