|  |
| --- |
| PART III – REQUIRED PROGRAM INFORMATION |

This application for continuation grant funds includes year-end program reporting for current fiscal year 2016-2017 (FY17) grant activities, as well as proposed activities for FY18. Proposed activities for FY18 should be informed by lessons learned and program evaluation results from your current grant.

**CATEGORIES**

Please respond to the questions based on your corresponding funding category. As a reminder, Category A = Quality Enhancements, Category B = Professional Development/Networking, & C = Service-Learning Curriculum Development.

**DUE DATES**

**Proposing to use funds during School Year only: September 7, 2017**

**Proposing to use funds during School Year and Summer: September 7, 2017**

**Proposing to use funds during Summer only: September 21, 2017**

**ONLINE SUBMISSION**

In order to facilitate the compilation of data related to the ASOST-Q grant, some additional information not included in this Part III is also required for your FY18 grant application; this additional information must be submitted online. This includes information about FY17 implementation (09/01/2016-08/31/2017) and plans for FY18 (09/01/2017-08/31/2018).

***The data report must be submitted online using the following link by the same due date noted above:*** <http://www.surveygizmo.com/s3/3540394/FY17-ASOST-Q-Year-End-Continuation-Data-Report>

1. **Organization Name:**
2. **Name of person completing this report:**
3. **Email Address:**
4. **Timeframe (FY18 Plans): Please indicate the timeframe during which FY18 enhancements will take place. (Check all that apply.)** Note: If proposing both school year and summer grant activities, please be sure to submit a Part I (Standard Contract / Signature Page) and Part II (Budget/Budget Narrative) for each timeframe. Both of these are in the Part I/II Excel Workbook found in the Required Forms section of the Funding Opportunity RFP.

* School Year (09/01/2017 - 06/30/2018)
* Summer (07/01/2018 - 08/31/2018)

1. **Start and End Dates (FY18 Plans):** Please note the start and end dates for your school year and/or summer programs funded through this ASOST-Q continuation grant. This will help in our planning for any possible site visits next year.

School Year Start Date:

School Year End Date:

Summer Start Date:

Summer End Date:

1. **FY17 Success Stories (maximum 600 words, ~1 page):** Please provide a brief summary of the implemented program enhancement(s) [Category A], professional development offerings [Category B], or Service-Learning Curriculum Development [Category C] and resulting successes*.*
2. **Lessons Learned (maximum 600 words, ~1 page):** Please describe lessons learned that will inform continued program improvements and enhancements [Category A], professional development offerings [Category B], or Service-Learning Curriculum Development [Category C]. Where applicable, include an analysis of the data collected from program or PD evaluation activities, including, but not limited to, the grant-required APT-O [Category A & C].
3. **Outcomes:** Please briefly summarize the outcomes you have achieved as a result of implementing your program enhancement(s) [Category A], professional development offerings [Category B], or Service-Learning Curriculum Development [Category C]. Please also address if there were any outcomes that were anticipated by not achieved, as indicated by your responses to the outcome question in the [data report](http://www.surveygizmo.com/s3/3540394/FY17-ASOST-Q-Year-End-Continuation-Data-Report).
4. **(FY18 Plans) Total Funding to Support OST Programming:** Please complete the chart below describing **all** funds that support the OST programming that is being enhanced through this grant.  Please indicate the amount of funding, and in the “Source(s)” column briefly list the sources.  Please do not include the amount you are requesting from this proposal.

|  |  |  |
| --- | --- | --- |
|  | **Total Amount** | **Source(s)** |
| Federal (include 21st cclc here) |  |  |
| State (include Early Education and Care (EEC) contracts/vouchers here) |  |  |
| Local |  |  |
| Private (include foundation grants, private donations, etc.) |  |  |
| Tuition |  |  |
| Other |  |  |

**IMPORTANT NOTE:** Please respond to the remaining questions **based on your category of funding. Category A (Quality Enhancements) = page 3, Category B (Professional Development/Networking) = page 4, and Category C (Service-Learning Curriculum Development) = page 5.**

**Category A (Quality Enhancements) ONLY:** Continuation grant funds must be used to continue or support new **quality enhancements** to OST programming during the school year and/or summer (upon approval through August 31, 2018.)

**Reminders:**

* Proposed activities should be **quality enhancements** to existing programming and aligned to the Purpose/Priorities outlined in the RFP/Funding Opportunity.
* Proposed quality enhancements should be informed by FY17 program evaluation and lessons learned.
* Proposed quality enhancements may continue/build upon FY17 funded activities.

1. **(FY18 Plans) Quality Enhancement Areas**: In which of the following areas will program enhancements be implemented using grant funds? (Check all that apply.)

* Comprehensive Academic/Non-Academic Programming
* Partnerships
* Serving Special Populations
* Family Involvement
* Highly Qualified Staff

1. **FY18 Quality Enhancement Plans (maximum 2 pages):** Using the chart below, and based on the lessons learned that are described above, please provide a description of the proposed program quality enhancements (including for each: anticipated outcomes, budget justification) for FY18 grant funds request.

***Reminders:***

* *Activities proposed should directly align to the quality enhancement areas selected above for*
* *Activities may build upon/continue quality enhancements that were implemented in FY17. Be sure to provide updated anticipated outcomes based on any progress made to date.*

**Instructions/Tips:** Responses may be in bulleted or paragraph form. Cells will expand to fit the text you type. Please do not change the column widths. ***Delete or add rows as needed.***

|  |  |  |
| --- | --- | --- |
| **Proposed Enhancement Activity (and Enhancement Area):**  Please provide a brief description (1-2 paragraphs) of each proposed enhancement activity. | **Anticipated Outcome(s):**  Briefly describe what change(s) is (are) expected as a result of the enhancement activity? | **Grant Budget Justification:**  Briefly describe how grant funds will support the enhancement activity. |
| ***Example:***  *All staff will be trained in service-learning or other project-based learning (PBL) and are expected to incorporate this teaching and learning approach, as appropriate, into their offerings.* | * *5 staff trained* * *Minimum of 5 new activities offered that incorporate SL or PBL.* * *Approximately 50 students will engage in SL and/or PBL.* | *Funds will support initial training of staff, as well as coaching support as they plan and implement their projects.* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**CATEGORY B (Professional Development/Networking):** Continuation grant funds must continue to be used to support OST programs, particularly those receiving ASOST-Q Category A (**quality enhancements)** as they work to improve the quality of their programming.

**Reminders:**

* Providers, where possible and applicable, should align their offerings to the Department of Elementary and Secondary Education (Department’s) [Standards for High Quality Professional Development](http://www.doe.mass.edu/pd/). If sessions that do not meet the definition are being offered, include a brief rational in the description.
* Information about all offerings (description, dates, registration process) should be forwarded to the Department once finalized for dissemination).
  + - 1. **FY17 Summary:** Please provide the following information about each of the PD, T/TA and Networking sessions offered during FY17. Include each training series as one entry.  If you need additional rows, please insert.

|  |  |  |  |
| --- | --- | --- | --- |
| **Session Title** | **Date(s)** | **Total # of Participants** | **Brief summary of the participants' feedback / evaluation of the session** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* + - 1. **(FY18 Plans) Quality Enhancement Areas**: In which of the following areas will PD, TA, or networking be provided using grant funds? (Check all that apply.)
* Comprehensive Academic/Non-Academic Programming
* Partnerships
* Serving Special Populations
* Family Involvement
* Highly Qualified Staff
  + - 1. **FY18 Proposed Sessions and Timeline:** Please use the chart below to provide a description of the proposed PD, T/TA and Networking to be *provided using this grant funding*. Add rows as needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** | **Description** | **Dates & Hours** (estimate if not yet known) | **Audience**  (e.g., OST direct staff, coordinators, etc.) | **Session format(s)**  (e.g., face-to-face, webinar) | **Estimated capacity**  (# of participants) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***Important Note: All costs associated with offering proposed opportunities should be supported with the grant request and/or through in-kind/matching sources. The Department will not provide any additional funding for space or materials. Fees may not be charged to participants for these opportunities.***

**CATEGORY C (Service-Learning Curriculum Development):** Continuation grant funds must continue to be used to support the development and piloting of SL curricula.

**Reminders:**

* **FY17 Curriculum Submission** – All grantees must email a copy of the excel planning tool to [asost@doe.mass.edu](mailto:asost@doe.mass.edu) as well as submit a complete hard copy in the binder provided.
* In FY18, grantees are expected to develop and pilot a new SL curriculum on a newly identified topic to be implemented during the summer of FY18.
* Grantees are also encouraged to refine and implement again the curriculum developed in FY17 if possible.
* The Department will develop a schedule for professional development and coaching based on your feedback provided and needs described in this report/application as well as the [data report](http://www.surveygizmo.com/s3/3540394/FY17-ASOST-Q-Year-End-Continuation-Data-Report) submitted.

1. **Partnerships (maximum 600 words, ~1 page):** Please describe how existing and proposed new partners support your work in both developing and implementing your SL curricula.

**FY18 Curriculum Development Plans**

1. If known, describe the team that will work on developing the curriculum. (If not, how will you build your team, who will be included?)
2. If known, the topic of the new curriculum to be developed, as well as a rationale for the selection. (If not, how will your team identify the topic?)
3. Provide a brief description of the planning time your team will have to work on developing the new curricula.

**FY18 Implementation Plans**

1. Describe the structure of the summer program during which you will implement the new SL curriculum (hours, days, weeks, etc.; activities offered, etc.).
2. Describe how the SL curriculum will be integrated into that structure.
3. If applicable, describe when and how your previously developed and piloted SL curriculum will be implemented, as well as the process you will use to make and document any needed refinements.

**FY18 Professional Development, Training and Coaching Needs**

1. Please describe any additional specific PD, training, or coaching needs you are interested in receiving.