MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

**STANDARD CONTRACT FORM AND APPLICATION FOR PROGRAM GRANTS**

# PART I – GENERAL

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| **A. APPLICANT:** | ***District Code:*** |  |  |  |  |
| **ADDRESS:** | | | | | |
|  | | | | | |
| **TELEPHONE: ( )** | | | | | |

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| B. APPLICATION FOR PROGRAM FUNDING | | | | | |
| **FUND**  **CODE** | **PROGRAM NAME** | **PROJECT DURATION** | | | **AMOUNT**  **REQUESTED** |
| **FY2018** | FEDERAL – Continuation Grant  **administered by the**  Office of Student and Family Support | **FROM** | | **TO** |  |
| **649** | Promoting Adolescent Health and School Success | 8/1/2017 | | 7/31/2018 |  |
| **C.** I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE; THAT THE APPLICANT AGENCY HAS AUTHORIZED ME, AS ITS REPRESENTATIVE, TO FILE THIS APPLICATION; AND THAT I UNDERSTAND THAT FOR ANY FUNDS RECEIVED THROUGH THIS APPLICATION THE AGENCY AGREES TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL GRANT REQUIREMENTS COVERING BOTH THE PROGRAMMATIC AND FISCAL ADMINISTRATION OF GRANT FUNDS. | | | | | |
| **AUTHORIZED SIGNATORY:** | | | **TITLE:** | | | |
| **TYPED NAME:** | | | **DATE:** | | | |

**Fiscal Year 2017-2018 (FY18) Grant Assurances**

**Please review and sign the District assurances on the following page.**

The **Massachusetts Department of Elementary and Secondary Education (Department)** Office of Student and Family Support and **funded districts** continue to work in collaboration to implement the **Centers for Disease Control and Prevention Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance Cooperative Agreement.** The purpose of this project is toenable the Commonwealth and Districts to build capacity and efforts to provide exemplary sexual health education, provide access to key sexual health services, create safe and supportive environments, as well as strengthen policy that supports those evidence-based approaches on behalf of all school-aged youth in Massachusetts.

The Department reviews these grant assurances with the District annually to confirm roles and responsibilities in implementing required approaches. As a partner in this collaborative effort, the Districtassures that they are aware of and will continue to participate in the full scope of work described below with the Department and other state agencies that are involved in related prevention efforts to create healthy, safe, and supportive school environments in Massachusetts.

**During the project period, the Department will:**

* Dedicate full-time staff responsible for the project to support the partner districts.
* Establish and convene the Working to Improve Sexual Health Environments in Schools (WISHES) Statewide Health Advisory Council to guide this project.
* Help create linkages between schools and community-based organizations to increase access to youth-friendly health care providers and referrals.
* Facilitate an ongoing learning collaborative among partner districts’ teams to share successful strategies.
* Facilitate access to state and national experts.
* Provide professional development, technical assistance, research, and/or tools on:
  + implementing comprehensive evidence-based sexual health education curricula.
  + aligning curriculum with national and state standards.
  + improving school connections to sexual health services.
  + building and sustaining effective collaborations and school health advisory committees.
  + improving school safety and supports to reduce bullying, electronic aggression, and sexual harassment.
  + developing effective parent engagement and school connectedness strategies.
  + implementing safe and supportive learning environments for all students, including LGBTQ youth.
  + utilizing data for decision making and program improvement.
  + assessing and developing model policies.

**District Assurances**

During FY18, the District and team lead hereby agree to: *(****Please******read and initial******each*** *of the following statements and sign below to confirm awareness and support of the following assurances).*

\_\_\_\_\_\_\_ designate a district team-lead to manage the grant, communicate with Department staff, participate in ongoing needs assessment to inform related Department policy, programming and professional development (PD) offerings, and ensure that all of the following grant objectives are met.

\_\_\_\_\_\_\_ allow the appropriate staff to attend required bi-annual working meetings and/or locally tailored PD sponsored by the Department.

\_\_\_\_\_\_\_ sustain a School Health Advisory Council (SHAC) or subcommittee comprised of school health administrators, health teachers, health professionals, parents, youth and others, to guide district implementation of the district’s work plan and grant activities.

\_\_\_\_\_\_\_ allow designated staff to participate in required summer activities (i.e., reporting) and non-required professional development events (e.g., summer institutes) upon request.

\_\_\_\_\_\_\_ participate in all data collection and program evaluation activities including ongoing assessment of district policies and:

* bi-annual completion of the WISHES District Survey due in February and August, and
* completion of the **2018** **School Health Profiles (SHP) surveys.** The Department will work with districts to develop resources to support SHP implementation in compliance with local district policy on survey administration in schools.

\_\_\_\_\_\_\_ monitor grant expenditures to support program activities and report any difficulties spending the grant award in full to the Department when known and/or at least 30 days prior to the end of the grant (7/31/18).

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| **Signature of District Team Lead for Adolescent Health Program** | **Date** |
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| **Signature of Superintendent** | **Date** |