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| **Name of Grant Program:** Massachusetts Migrant Education Program  | **Fund Code:** 308 |

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| **Fiscal Year 2019 (FY19)** **PART III – REQUIRED PROGRAM INFORMATION** |

With the completion of year two of the three-year grant cycle and the estimated funding allocation, provide the requested information for the following areas listed below.

Please respond to the questions shaded in gray using the white space below each question, unless a table is provided, and then respond in the table. ***Maximum of 20 pages for Part III – not counting the budget narrative page.***

1. **ORGANIZATIONAL STRUCTURE**

*All information provided in Section I should align with the proposed expenditures outlined in Part II – Budget Pages and the Budget Narrative.*

**Administration and Support Staff (office):**

1. Identify the roles of individuals involved with the day-to-day administration and operation of the Massachusetts Migrant Education Program (MMEP) that will ensure compliance with all state and federal laws and regulations for the FY19 grant. Be sure to indicate any changes in staffing that occurred during FY18 and/or will occur in FY19 by completing the italicized items. (If cost sharing salaries with other grants, please indicate in Full Time Equivalent (FTE) column the amount covered by each grant.)

| **NAME*****(Write VACANT if no staff)*** | **TITLE** | **FTE** | **SALARY** | ***CHECK (✓) if NEW Position*** | ***CHECK(✓) if will remain VACANT*** |
| --- | --- | --- | --- | --- | --- |
|  | State Educational Program Director |  |  |  |  |
|  | State Identification and Recruitment Director (ID&R) |  |  |  |  |
|  | State Data Manager |  |  |  |  |
|  | Eastern Region Direct Service Coordinator |  |  |  |  |
|  | Western Region Direct Service Coordinator |  |  |  |  |
|  | Eastern Youth and Family Service Coordinator |  |  |  |  |
|  | Western Youth and Family Service Coordinator |  |  |  |  |
|  | Western Regional Secretary |  |  |  |  |
|  | Eastern Regional Secretary |  |  |  |  |
|  | Eastern Regional Secretary |  |  |  |  |
|  | Community Liaison |  |  |  |  |
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**Program Services Staff (instructors of Migrant students):**

1. Complete the following organizational chart for program services staff for FY19. Be sure to indicate any changes in staffing that will occur from FY18 to FY19 by completing the italicized items.

| **NAME****(Write VACANT if no staff)** | **TITLE** | **NUMBER OF STAFF** | **FTE** | **PAY RATE** | **CHECK*(✓) if NEW Position***  | **CHECK*(✓) if will remain VACANT***  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Site Coordinator |  |  |  |  |  |
|  | Teacher |  |  |  |  |  |
|  | Tutor |  |  |  |  |  |
|  | Educational Aide |  |  |  |  |  |
|  | Nurse |  |  |  |  |  |
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**New Positions:**

1. If new position(s) are identified for either Administrative or Program Services staff, please complete the following chart.

| **New Job Position:** | **Brief List of Job Duties:** |
| --- | --- |
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**Office Locations:**

1. Given that migrants are located in various regions of the state and are a highly mobile population, please indicate any changes to office locations that may be planned for FY19.
2. **IDENTIFICATION AND RECRUITMENT OF MIGRATORY STUDENTS**

Briefly describe any particularly successful identification and recruitment (ID&R) activities undertaken in FY18, as well as any planned changes to the ID&R plan for FY19. Consider the following areas:

* Roles and Responsibilities of staff
* Collaboration and coordination with other entities
* Tools and/or techniques to utilize
* Training opportunities for staff
* Eligibility questions
1. **ELIGIBILITY AND QUALITY CONTROL PROCESSES**
2. **Verification and Documentation Process for Eligibility**

The chart below includes the information submitted in the FY18 grant application. Please provide any revised information needed for each role and the corresponding responsibilities, if a change will occur in FY19, otherwise, please note “*Remain the Same*”.

| **FY18 (current practice\*)** |  | **FY19 (proposed practice)** |
| --- | --- | --- |
| \*taken from FY18 application |  |  | **Staff Responsible** |
| 1. Initial Screening:
 | Recruiter |  | Initial Screening: | *Recruiter* |
| Screens worker/family to see if there is a possibility of qualifying |  | *Remain the Same.* |
| 1. The Interview:
 | Community Liaison |  | The Interview: |  |
| * Completes an E-COE following established policies and procedures.
* Double checks for completeness and accuracy.
* Ensures that all necessary forms/documents (i.e. permission slips, COE Supporting Document, etc.) and corresponding signatures are completed, collected and submitted along with the E-COE.
* Submits the E-COE to State Office immediately upon completion.
 |  |  |
| 1. State Data Checker:
 | State Data Manager |  | State Data Checker: |  |
| * Reviews E-COE for completion and checks for errors.
* Checks any info. that may be questionable including spelling.
* Ensures that all necessary comments are present.
* Searches MSIX and MMEP Databases for potential student/family matches.
* Requests “School Enrollment Verification” from corresponding school if PK-12.
* Documents receipt of the COE and accompanying documents.
 |  |  |
| 1. Eligibility Checker:
 | State Program Director |  | Eligibility Checker: |  |
| * Reviews the E-COE with all accompanying documents for completion and accuracy.
* Ensures all required comments are present, clear, and accurate.
* Reviews E-COE with a focus on MEP eligibility criteria.
 |  |  |
| 1. Validator:
 | State ID&R Director |  | Validator: |  |
| * Reviews E-COE for completion and checks for errors.
* Reviews all attached forms (i.e. School Enrollment Verification, COE Supporting Document, etc.).
* Ensures that comments are present and accurate where required.
* Conducts an audit via phone call or a face-to-face interview.
* Determines if family/student meets the MEP eligibility criteria and that eligibility is properly recorded on the COE.
* Completes a MMEP Audit Form.
* Completes COE Supporting Document if additional information is found to support eligibility.
* Makes final eligibility determination finds family/student Eligible or Ineligible.
 |  |  |
| 1. Internal Re-Interviewer:
 | Community Liaison |  | Internal Re-Interviewer: |  |
| * On a quarterly basis the State Data Manager will do a random sampling of 15% of all COEs submitted by each region.
* A Community Liaison from the other region will conduct an internal re-interview of the family/youth selected through the random sampling.
* The re-interviewer will confirm eligibility and child information and complete an internal re-interview form.
 |  |  |

**Re-interviewing:** Briefly describe the re-interviewing process, provide the number of re-interviews conducted in FY18 and the results of those re-interviews.

1. **Eligibility Determination Process**

The chart below includes the information submitted in the FY18 grant application. Please provide any revised information needed for each role and the corresponding responsibilities, if a change will occur in FY19, otherwise, please note “*Remain the Same*”.

| **FY18** |  | **FY19** |
| --- | --- | --- |
| **Determination by:** |  |  | **Determination by:** |  |
| **Ineligible** | **Eligible** |  | **Ineligible** | **Eligible** |
| If the COE is not approved the State ID&R Director completes a “Failure to Validate” form and a notice is sent to the Community Liaison.If the Community Liaison does not appeal the decision the COE is printed and filed in the MMEP state office along with the failure to validate form.A Community Liaison may appeal a “Failure to Validate” via direct contact with the Statewide ID&R Director who in turn will schedule a hearing with a team comprised of the State Program Director, State Data Manager, two regional coordinators and the State ID&R Director. This hearing may be in person or via web conference at the conclusion of which a final eligibility determination will be made.  | E-COE is approved by State ID&R Director and returns to the State Data Manager for Family/Student # assignment.State Data Manager prints out COE for state file and sends supporting documents, including a copy of the COE to the regional office. Regional office staff can access all information via File Maker Pro as well as access a copy of the COE via MSIX.The State ID&R Director generates a welcome letter and mails it to the family/student along with a copy of the COE.  |  |  |  |

1. **PARENT ENGAGEMENT**

Briefly describe any successes/challenges in parent engagement in FY18, as well as any planned changes for FY19. Consider the following areas: Supporting parent/school, parent/child (e.g. family literacy), and parent/community connections; Assisting parents/students in identifying and gaining access to other resources in their community (e.g. health, nutrition, social services, educational programs, etc.)

1. **SERVICES and EVALUATION**
2. Based upon the Evaluation Plan included in the FY18 service delivery plan (SDP), complete the following chart for preliminary Evaluation Outcomes for each of the goal areas listed, if available.

| **Goal Area 1:** | **ELA, Math and Science Achievement** |
| --- | --- |
| Concern Statement: | We are concerned that the migrant K-8 population is not scoring at or above proficiency level on the MCAS state assessments in ELA, Math and Science. |
| MPO: | 1. Each year beginning in 2017-2018, the MMEP will create or maintain partnerships with a minimum of five community programs that can support students directly or indirectly in ELA, math and science as documented through letters of understanding.
2. Each year beginning in 2017-2018, 80% of students participating in a MMEP summer program for at least four weeks will demonstrate a 9% gain between pre and post-assessment from the Math Matters curriculum.
3. Each year beginning in 2017-2018, 80% of students participating in a MMEP summer program for at least four weeks will demonstrate a 9% gain between pre and post-assessment of sight words from the Math Matters curriculum.
4. Each year beginning in 2017-2018, 50% of students participating in 15 hours of tutoring during the academic year will be promoted to the next grade level at the end of the year.
 |
| Evaluation Outcomes: *(To be completed FY19)* |  |

| **Goal Area 2:** | **School Readiness** |
| --- | --- |
| Concern Statement: | We are concerned that our preschool population is not academically prepared for academic success in kindergarten due to a lack of experience/exposure in a structured early childhood education program (preschool) |
| MPO | 1. Each year beginning in 2017-2018, 80% of migrant preschool students not enrolled in an existing preschool program will receive MMEP home-based kindergarten readiness services that include a minimum of three instructional services.
2. Each year beginning in 2017-2018, 80% of four and five-year-old migrant children not yet in kindergarten who receive 15 days of instruction in the MMEP summer program will demonstrate a 5% increase in skills on the preschool rubric.
 |
| Evaluation Outcomes: *(To be completed FY19)* |  |

| **Goal Area 3:** | **High School Graduation** |
| --- | --- |
| Concern Statement: | We are concerned that migratory high school students may not be earning sufficient course credits that are required for promotion within the academic yearWe are concerned that migratory high school students are entering 11th grade without receiving full credit for Algebra 1 or a higher mathematics course |
| MPO | 1. Each year beginning in 2017-2018, 50% of students enrolled in summer credit accrual will complete sufficient course requirements to receive full or partial credit.
2. Each year beginning in 2017-2018, 80% of participants in college and career activities will rate their skills as satisfactory (4 or 5 on a 5-point scale) according to a rubric aligned with the activities.
3. Each year beginning in 2017-2018, 80% of staff participating in capacity building activities will increase their knowledge and skills by 20% as measured by a staff self-assessment aligned to the activities.
4. Each year beginning in 2017-2018, all secondary age students identified as needing non-academic referrals on the intake form will be referred to services that match their needs
 |
| Evaluation Outcomes: *(To be completed FY19)* |  |

| **Goal Area 4:** | **Out-of-School Youth (OSY)** |
| --- | --- |
| Concern Statement: | We are concerned that our OSY students are either not attending or not consistently attending MMEP educational services due to migrant lifestyle and lack of adult/peer support system |
| MPO | 1. Each year beginning in 2017-2018, 40% of OSY enrolled in MEP instructional services for 16 days (within a term) will demonstrate a gain of one level in the Interactive English curriculum.
2. Each summer beginning in 2017-2018, 80% of OSY present for at least two weeks will enroll in summer instructional services.
3. Each year beginning in 2017-2018, 60% of OSY referred to New England High School Equivalency Program (HEP) will meet academic and motivational criteria and be enrolled in HEP
4. Each year beginning in 2017-2018, the state will meet performance measures for student achievement and professional development outlined in the OSY-CIG.
 |
| Evaluation Outcomes: *(To be completed FY19)* |  |

1. Briefly describe any updates/revisions that may have been made to any sections of the SDP, if any; including any sections from the above goal area chart, any significant changes to services, or evaluation plan.
2. Briefly describe the parent involvement in making any of these updates/revisions to the SDP or Evaluation Plan.
3. Please provide a timeline for the completion and submittal of the Written Evaluation Report which documents the implementation and results as indicated in the evaluation plan submitted with the SDP.

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on the next page for the pages that follow.]

1. Complete the following program (direct and indirect) services chart for FY19 for each of the following student groups K-12, preschool children, OSY and/or drop out students, secondary students transitioning to post-secondary education or employment, and especially Priority for Services (PFS) students.

| **Student Group** | **Service Type** | **Location(s)** | **Timeline (e.g. school year, summer, etc)** | **Program Design** | **Curriculum** | **Assessment Tool(s)** | **Partners** |
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| **Student Group** | **Service Type** | **Location(s)** | **Timeline (e.g. school year, summer, etc)** | **Program Design** | **Curriculum** | **Assessment Tool(s)** | **Partners** |
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| **Student Group** | **Service Type** | **Location(s)** | **Timeline (e.g. school year, summer, etc)** | **Program Design** | **Curriculum** | **Assessment Tool(s)** | **Partners** |
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| **Student Group** | **Service Type** | **Location(s)** | **Timeline (e.g. school year, summer, etc)** | **Program Design** | **Curriculum** | **Assessment Tool(s)** | **Partners** |
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| **Student Group** | **Service Type** | **Location(s)** | **Timeline (e.g. school year, summer, etc)** | **Program Design** | **Curriculum** | **Assessment Tool(s)** | **Partners** |
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| **Student Group** | **Service Type** | **Location(s)** | **Timeline (e.g. school year, summer, etc)** | **Program Design** | **Curriculum** | **Assessment Tool(s)** | **Partners** |
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| **Student Group** | **Service Type** | **Location(s)** | **Timeline (e.g. school year, summer, etc)** | **Program Design** | **Curriculum** | **Assessment Tool(s)** | **Partners** |
| --- | --- | --- | --- | --- | --- | --- | --- |
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1. **DATA COLLECTION - Child Counts and Student Data**
2. Briefly describe any changes to obtaining the following data from local school districts; other states; and other entities (such as additional MOU’s with school districts):
	* + - Immunization/health records; academic history; eligibility for other educational services
			- Status under the State Consolidated Performance Goals 2 and 5 - [State Consolidated Grant Performance Goals (p. 3)](https://www2.ed.gov/admins/lead/account/consolidated/sy14-15part1/ma.pdf)
	* Status under GPRAs - [Government Performance And Results Act Measures (GPRA's 1-4)](http://www2.ed.gov/programs/mep/performance.html)
3. Briefly describe any changes relative to MSIX database usage by staff (include changes in roles).

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| **Name of Grant Program:** Massachusetts Migrant Education Grant | **Fund Code:** 308 |

Budget Narrative Form

Provide a budget narrative that explains how program expenditures relate to the proposed activities. Briefly describe the purpose and explain each expenditure by line item. In addition, be sure to identify the activity that the Line Item addresses.

|  |  |  |
| --- | --- | --- |
| **Line Item** | **Line Total**  | Budget Purpose and Explanation |
| Line 1 – Administrators |  |  |
| Line 2 – Instructional/Professional Staff |  |  |
| Line 3 – Support Staff |  |  |
| Line 4 - Stipends |  |  |
| Line 5 – 4-a MTRS4-b Other |  |  |
| Line 6 – Contractual Services |  |  |
| Line 7 – Supplies and Materials |  |  |
| Line 8 – Travel |  |  |
| Line 9 – Other Costs |  |  |
| Line 10 – Indirect Cost |  | [Appendix P Indirect Cost Calculation Worksheet](http://www.doe.mass.edu/grants/procedure/default.html) |
| Line 11 – Equipment |  |  |