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| **Name of Grant Program:** Improving Student Access to Behavioral and Mental Health Services | **Fund Code:** 336 |

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| PART III – REQUIRED PROGRAM INFORMATION |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category A - Amount Requested:** | | | **Fiscal Year 2018-2019 (FY19)**  **[Upon Approval through June 30, 2019]** | | | | **FY20**  **[July 1, 2019 – June 30, 2020 *subject to continued appropriation*]** | | | **Total Request**  **($100,000 max/district):** |
| $ | | | | $ | | | $ |
| **Category B - Amount Requested:** | | | **Fiscal Year 2018-2019 (FY19)**  **[Upon Approval through June 30, 2019]**  **($1,000 max/district)** | | | | **FY20**  **[July 1, 2019 – June 30, 2020 *subject to continued appropriation*]** | | | **Total Request**  **($10,000 max/district):** |
| $ | | | | $ | | | $ |
| **District:** | | |  | | | | | | | |
| **Grant Contact Name/ Title:** | | |  | | | | | | | |
| **Address:** | | |  | | | | | | | |
| **Phone:** |  | | | | **Email:** | |  | | | |
| **Number of schools included in this application:** | | | | | | |  | | | |
| **Schools:** Please list the schools included in this application and ‘x’ any elements that are applicable. | | | | | | | | | | |
| **School**  *add rows as needed* | | **Action plan informed by** [**Safe and Supportive Schools Framework**](http://bhps321.org/)**/ Tool** | | **Participating in** [**Systemic Student Support (S3) Academy**](https://www.doe.mass.edu/sfss/prof-dev/?section=s3#accordion) | | **Current or past** [**Systems for Student Success grantee**](http://www.doe.mass.edu/grants/2019/248/) | | [**Designated by Department as requiring assistance or intervention**](http://profiles.doe.mass.edu/statereport/accountability.aspx) **(2018)** | **Partnered with community-based providers on application for DPH** [**School & Community Based Targeted Intervention Services**](https://urldefense.proofpoint.com/v2/url?u=https-3A__mass.us14.list-2Dmanage.com_track_click-3Fu-3Dd8f37d1a90dacd97f207f0b4a-26id-3D591a44cba9-26e-3Da98e8a6440&d=DwMFaQ&c=lDF7oMaPKXpkYvev9V-fVahWL0QWnGCCAfCDz1Bns_w&r=wC4L9JdnavukGvIBlAnB2l1J1muWVSTrph6CqN1Aqr8&m=c7UEga8Ut47n-4MP841BQnFTQC6I9QL42Y_wu-jaQ4o&s=j_772gSHpe2qv7Fj9t8BhAL_lWkG0kKK22NbST55MPc&e=) **grant, or to receive other funding through** [**DPH/BSAS**](https://www.mass.gov/orgs/bureau-of-substance-addiction-services) **or other state agencies** | |
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Please respond to the following questions, in the space below each question, using no more than 10 pages.

1. **District Action Planning and Readiness**
2. Briefly describe the **district’s** efforts (planned or completed) to self-assess and establish action plans related to creating safe and supportive schools.
3. Briefly describe the **district’s** plans for (or current thinking about) systemic changes (policies, practices, resource re-allocation, etc.) to help support sustainability of efforts related to this grant.
4. **Identified Needs** Briefly describe the challenges the district (and its schools) face in accessing behavioral and mental health services for students. In particular, include information about limited access to mental and behavioral health services, and limited existing financial resources to support these services.

**COPY, PASTE AND COMPLETE THE FOLLOWING FOR EACH SCHOOL PROPOSED TO PARTICIPATE IN THE GRANT**

(If the responses to the following questions are the same/similar across one or more schools,   
please list each of those schools below, and highlight differences as appropriate within each question.)

|  |  |
| --- | --- |
| **SCHOOL:** |  |

1. **School Based Implementation**
2. Describe how the work of creating safe and supportive schools is a priority for the school.
3. Briefly describe the **school’s** efforts (planned or completed) to self-assess and establish action plans related to creating safe and supportive schools.
4. **Goals and Implementation Activities:** Please complete the chart below to describe the goals and related activities to be implemented through this grant. See the Request for Proposals document for examples of allowable grant activities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal/Priority** | **Implementation Activity(ies)** | **Timeframe for Implementation** | **Anticipated Outcome(s)** | **How will success/improvement be measured?** |
|  |  |  |  |  |
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|  |  |  |  |  |

*Add rows as needed.*

1. **Team:** Describe the overall approach to organizing and coordinating the work of this grant. Include who will be involved, how often they will meet, how the work is embedded in existing team structures for creating safe and supportive schools and access to services, and how progress will be tracked.
2. **Coordination and Partnerships with Community-Based Organizations/Providers:** Describe existing or planned partnerships (and/or proposed efforts to establish or increase partnership efforts) with community-based organizations/providers that support (or will support) the school’s goals and implementation activities.
3. **FY19 Budget Narrative (upon approval – June 30, 3019):** Complete the chart below to describe the proposed costs and how they connect to implementation efforts. Be sure to explain how recurring costs (e.g., fees for community based services) may be covered after the grant period.

**NOTE: Category B – Participation in Professional Development** Applicants that wish to participate in mental and behavioral health related professional development (PD) offered by the Department (calendar to be provided once confirmed) should budget up to $1,000 (for FY19) and up to an additional $9,000 (for FY20) to support the costs of substitutes, stipends, and travel to support participation. Include the anticipated amounts and descriptions in italics in the Budget Purpose and Explanation column. *Note: Applicants will have an opportunity to amend their budgets once PD offerings are confirmed.*

|  |  |  |
| --- | --- | --- |
| **FY19 Line Item** | **FY19 Line Total** | FY19 Budget Purpose and Explanation |
| Line 1 – Administrators |  |  |
| Line 2 – Instructional/  Professional Staff |  |  |
| Line 3 – Support Staff |  |  |
| Line 4 - Stipends |  |  |
| Line 5 – 4-a MTRS  4-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 |  |  |

1. **FY20 Budget Narrative (July 1, 2019-June 30, 2020, subject to continued appropriation):** Complete the chart below to describe the proposed costs and how they connect to implementation efforts. Be sure to explain how recurring costs (e.g., fees for community based services) may be covered after the grant period.

**As noted above: Category B – Participation in Professional Development** Applicants that wish to participate in mental and behavioral health related professional development (PD) offered by the Department (calendar to be provided once confirmed) should budget up to $1,000 (for FY19) and up to an additional $9,000 (for FY20) to support the costs of substitutes, stipends and travel to support participation. Include the anticipated amounts and descriptions in italics in the Budget Purpose and Explanation column. *Note: Applicants will have an opportunity to amend their budgets once PD offerings are confirmed.*

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| **FY20 Line Item** | **FY20 Line Total** | FY20 Budget Purpose and Explanation |
| Line 1 – Administrators |  |  |
| Line 2 – Instructional/  Professional Staff |  |  |
| Line 3 – Support Staff |  |  |
| Line 4 - Stipends |  |  |
| Line 5 – 4-a MTRS  4-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 |  |  |