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| **Name of Grant Program:** Safe and Supportive Schools Continuation Grant | **Fund Code:** 337 |

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| PART III – REQUIRED PROGRAM INFORMATION |

**School Based Implementation**

REMINDER: Districts are eligible to apply for this Safe and Supportive Schools Continuation Grant to support action plan implementation in one or more of the schools that were funded by FY18 FC 335 Safe and Supportive School Competitive Grants (to create action plans using the BHPS Framework/Tool).

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| --- | --- | --- | --- | --- | --- | --- |
| **Amount Requested**  **(See Eligibility Section of RFP for maximum amounts)** | | **School Year** | | | **Summer** | |
| $ | | | $ | |
| **District:** | |  | | | | |
| **Program Coordinator Name/Title:** | |  | | | | |
| **Address:** | |  | | | | |
| **Phone:** |  | | **Email:** |  | | |
| **Total number of schools to participate in implementation through this grant:** | | | |  | | |
| Please list each school applying for the grant and the grades served: (*add rows if needed)* | | | | | | |
| **School** | | | | | | **Grades Served** |
|  | | | | | |  |
|  | | | | | |  |
|  | | | | | |  |

1. **Participating Schools:**

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

| **School** | **When did the school (and district) complete the action plan, informed by the BPHS Tool?** |
| --- | --- |
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1. For each of the BHPS Framework sections, briefly describe the strengths and areas for growth that were discovered during the self-assessment and action planning process.

**Please note that responses should be in complete sentences and paragraph form. Maximum of 150 words per response box. PLEASE COPY AND PASTE THE TABLE BELOW FOR EACH SCHOOL PROPOSED TO PARTICIPATE IN THE GRANT.**

|  | **Strengths** | **Areas for Growth** |
| --- | --- | --- |
| **Leadership:** |  |  |
| **Professional Development:** |  |  |
| **Access to Resources:** |  |  |
| **Academic & Non-Academic Activities:** |  |  |
| **School Policies, Procedures & Protocol:** |  |  |
| **Collaboration with Families:** |  |  |

1. Describe both the anticipated challenges AND successes in implementing the submitted action plans created based on the BHPS Tool, for each school proposed to participate in the grant.
2. Please note any reflections on ways the action plan development, content, or anticipated implementation approaches take into consideration ways to actively leverage as assets the diverse identities and backgrounds of the students, staff, and families in your school community.
3. Describe how the district/schools anticipate sustaining efforts to address the identified priority areas, as needed, beyond this grant funding cycle?
4. **School and District Action Plans, and School Improvement Plans\***
5. As per the funding line-item, the school-wide action plan(s) shall be incorporated into the school improvement plan(s) developed under section 1I of chapter 69 of the General Laws. Please describe the extent to which the participating schools’ (and district, if applicable) action plans are already aligned with, informed by, and/or incorporated into school (and district, if applicable) improvement plans. If the extent is minimal, please describe how and when the school-wide action plan(s) will be incorporated into future versions of the school improvement plan(s).

\**School and district action plans should have been submitted based on the instructions from FY18 Fund Code 335. These must be submitted prior to applying for this grant. Updated plans may be submitted as well.*

1. **School Based Implementation**

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

1. **Rationale for School Based Implementation:** Below, provide details regarding specific fund use, rationale for funding it, and who will be leading that effort.

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| --- | --- | --- | --- |
| **School** | |  | |
| **Activity** | **Rationale** | **Indicate who will lead this effort**  **(if known)** |
| *Describe the specific initiative/program/professional development/material/resource that will be funded by the grant.* | *Explain the rationale for funding the activity.* | *If known, write who will lead this effort, such as a specific organization or vendor.* |
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1. **School Based Team(s):** Below, provide the names of the anticipated member(s) and role(s) of people to be in charge of managing and coordinating school based implementation.

**PLEASE ADD MORE ROWS IF NEEDED**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **School** | **Title or Role** | **Indicate if Facilitator** |
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1. **Project Timeline**

Indicate anticipated dates/timeframes for implementing grant activities such as: further discussion on the needs of the school(s), confirming priority areas of the action plan(s), refining the plan(s) if needed, implementing the action plan(s), assessing progress, and determining next steps. Timelines should indicate what will occur during the current school year (by June 30, 2019), during the summer (July 1- August 31, 2019), and what will occur beyond that timeframe, if applicable. It is recommended to start the timeline in early November.