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| **Name of Grant Program:** After-School and Out-of-School Time Quality Enhancements (ASOST-Q) | **Fund Code:** 530 |

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| PART III – REQUIRED PROGRAM INFORMATION |

**GRANT CATEGORIES**

The Department of Elementary and Secondary Education (Department) has established two separate funding categories for the **Fiscal Year 2018-2019** (FY19) After-School and Out-of-School Time Quality Enhancements (ASOST-Q) grant program.

An applicant may apply for funds in *ONE* of the following categories.

*Please see the RFP for additional details about each of these categories.*

|  | **Category A:**  **Quality Enhancements** | **Category B:**  **Regional or Statewide Professional Development (PD)** |
| --- | --- | --- |
| **Primary Purpose** | To support program **quality enhancement** activities related to the [quality criteria areas](http://www.doe.mass.edu/grants/2017/530/AttachementA.docx) established by Department and the Department of Early Education and Care (EEC). | To support regional networks of out-of-school time (OST\*) providers, particularly those selected to receive funding in Category A (ASOST-Q grantees), in enhancing program quality through professional development. |
| **Maximum Grant Request**  **For FY19** | Up to $25,000  [Up to $27,500 or $30,000 if electing one or both Service-Learning (SL) Professional Development options] | Up to $25,000 |
| **Expected continuation eligibility in FY20\***  **\*for funded FY19 applicants** | Up to $25,000 to support continuous program improvement  [Up to $27,500 or $30,000 if electing one or both Service-Learning (SL) Professional Development options] | Up to $25,000 to support professional development and networking activities |
| **Approximate % of available funds to be awarded** | 90-95% | 5-10% |
| **Applicable**  **Part III pages/questions** | Questions A1-A7  (on pages 2-5) | Questions B1-B8  (on pages 6-7) |

**IMPORTANT NOTES FOR COMPLETING THIS APPLICATION:**

* The term “*OST*” in this document refers to currently existing programs/services provided during **out-of-school time (including after-school, vacations, weekends, before-school and summer)**, regardless of whether or not those programs/services are/were supported with a *Fund Code (FC) 530 ASOST-Q grant* in this current or previous fiscal years*.*
* **Category A** applicants that currently receive an **FY18 FC 530 ASOST-Q** (Category A) grant,must propose **new** quality enhancements to programming.
* Applicants may delete the pages that are not applicable to the category for which they are applying.
* Responses to the Questions A1-A7 or B1-7 must be completed within this document and must maintain the existing margins, question text, and font style and size. All questions are highlighted in gray. Please complete responses in the white space following each question. Paragraph form and/or bullets are acceptable. In places where there are check boxes, please double click on them and select checked when applicable.

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| 1. **Category A: Quality Enhancements**   **FISCAL YEAR 2019 PROGRAM COVER SHEET**  (Applicants for this category must complete Questions A1 – A7, on pages 2-5 of the original version of this document.) | | | | | | | | | | | | | | | | | |
| **Amount Requested**  **($25,000 maximum [$27,500 or $30,000, if electing one or both SL PD Options]):** | | | | **School Year** | | | | | | | | **Summer** | | | | | |
| $ | | | | | | | | $ | | | | | |
| **Applicant Agency:** | | | |  | | | | | | | | | | | | | |
| **Program Coordinator Name/Title:** | | | |  | | | | | | | | | | | | | |
| **Address:** | | | |  | | | | | | | | | | | | | |
| **Phone:** | |  | | | | **Email:** | | | |  | | | | | | | |
| **PROGRAM ENROLLMENT** | | | | | | | | | | **School Year (SY)**  **2018-2019** | | | | | | **Summer 2019** | |
| **Total number of children/youth projected to be served at sites to be enhanced by this grant:** | | | | | | | | | |  | | | | | |  | |
| **Will this grant be allowing you to serve additional students than the prior year (if yes, indicate the number in the SY or Summer box:**  Yes  No | | | | | | | | | |  | | | | | |  | |
| **Grade level(s) ranges to be served:** (check all that apply and a subset of grades within a range is allowed) | | | | | | | | **K-5** | | | **6-8** | | | | | | **9-12** |
| **Population(s) Served:** *For each category below, indicate the approximate* ***percentage*** *of children/youth who will be served at sites to be enhanced by this grant.* | | | | | | | | | | | | | | | | | |
| **% Economically Disadvantaged:** | | | | | **% Students with Disabilities:** | | | | | | | | **% English Learners:** | | | | |
|  | | | | |  | | | | | | | |  | | | | |
| **Total number of sites to be enhanced by this grant:** | | | | | | |  | | | | | | | | | | |
| Please list each site to be enhanced through this grant below: (*add rows if needed)* | | | | | | | | | | | | | | | | | |
| **Site** | | | **City/Town** | | | | | | **Site** | | | | | | **City/Town** | | |
|  | | |  | | | | | |  | | | | | |  | | |
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| Which of the following applies to your program with respect to licensing?  EEC Licensed  License Exempt  Public School Operated  Other Community Based Organization  For those selected EEC Licensed, are the enhancements proposed in this application directly related to efforts to improve on the MA Quality Improvement Rating System (QRIS) rating of the proposed program(s)?  No  Yes | | | | | | | | | | | | | | | | | |
| Which of the following partners will be involved in implementing/supporting proposed quality enhancements?  public school(s) Please list:  non-public school(s) Please list:  community-based organization(s): Please list:   * Note: In order to receive the competitive priority for proposals developed collaboratively by public and non-public schools and private community-based programs, a letter of support from the partnership entities not serving as the lead that describes the collaborative must be included. | | | | | | | | | | | | | | | | | |
| Does your program charge tuition for participation in program activities?\*  No  Yes – IF YES, how much do you charge?  Do you have a sliding scale for families who may not be able to afford tuition?  Yes  No  ***\*Please note that funded programs are required to ensure that scholarships, sliding scale fees, or other resources are available for families who may not be able to afford tuition.*** | | | | | | | | | | | | | | | | | |
| **Name of Grant Program:** After-School and Out-of-School Time Quality Enhancements (ASOST-Q) | | | | | | | | | | | | | **Fund Code:** 530 | | | | |

1. **Program Type:** Which of the following best describe(s) the program that will be enhanced through this grant?

|  | **Comprehensive Program** for which students enroll for a set number of days for the semester or the year. These programs provide a structured, formal program that includes a variety of activities for both academics and enrichment. |
| --- | --- |
|  | **Specialized Program** for which students enroll for a set number of days for the semester or the year. These programs’ services are limited to a specialized activity. (For example, an arts organization offering a drama club two days/week.) |
|  | **Drop-in Program** for which students enroll, but are not necessarily expected to be in attendance every day or for a set number of days each week. |
|  | **Other (Please describe):** |
|  | |

**NOTE:** Activities supported by this grant must be enhancing programming that takes place **outside of the regularly scheduled school day.**

1. **General Program Information:**
   1. Provide a general description of *existing* *OST* program services offered (this should NOT include specific information yet on the proposed quality enhancements) that includes grade level(s), number of youth served and the number of days/week and hours/day the program operates.
   2. Describe the specific population of students served through OST programming.
   3. Describe how your OST program creates a welcoming environment and is culturally responsive, particularly how it demonstrates an understanding of different cultures, languages, norms and values of the students and families served.
   4. Describe any current partnerships or plans for new partnerships with other schools and/or community-based organizations to support the OST program.
   5. Describe systems or processes used to evaluate and continuously improve your OST program, including any outcome evaluation tool(s) that maybe utilized.

| **PLEASE NOTE:** Awarded applicants will be provided access to common statewide program evaluation tools/resources to support continuous program improvement. Grantees are required to participate in the following evaluation-related activities:   * 1. Participate in a Department-sponsored online training on [APAS](http://www.doe.mass.edu/21cclc/ta/)\* (A Program Assessment System) tools (if not already participated).   2. Use pre/post data about your program, gathered using the APT-O, APT-Q and any other existing program evaluation tools, to analyze areas of strength and opportunities for improvement.   Programs are encouraged to continue to implement existing comprehensive program evaluation activities, and to consider utilizing the APAS SAYO tools (or another research-based tool) to gather additional data about program impact and outcomes.  \*The APT-O and APT-Q are tools that are also used as part of the EEC’s Quality Rating and Improvement System (QRIS). |
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1. **Program Capacity:**

ALL APPLICANTS THAT ARE AGENCIES AND ORGANIZATIONS **OTHER THAN A SCHOOL, SCHOOL DISTRICT, CITY, OR TOWN,** please provide the following additional information

* 1. **(Maximum 1 page)** Describe the agency/organization’s previous experience with similar amounts of funding at state, federal, or local levels through government, foundation, or private grants.
  2. **Append** to this application proof of fiscal responsibility, for example, a copy of the most recent annual audit letter (the entire audit need not be attached.)

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1. **Total grant funding (not including ASOST-Q** **grant) to support OST programming in FY19 (September 2018 – August 2019):** Please complete the chart below describing **all** funds that will support the *OST* programming provided by the lead applicant and partners. Please indicate the amount of funding, and in the “Detail” column list the sources. **Please note:** The amounts reflected here should, at minimum, reflect support for the operation of the existing OST programming that is being enhanced.***Please do not include the amount you are requesting from this proposal.***

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **Total Amount** | **Detail** |
| **Federal** (for example include 21st CCLC here, if applicable) |  |  |
| **State** (for example include EEC subsidy funds here, if applicable) |  |  |
| **Local** |  |  |
| **Private** (for example include foundation grants, private donations, etc., if applicable) |  |  |
| **Tuition** |  |  |
| **Other** |  |  |
| **Total** |  |  |

1. **Proposed Quality Enhancements:**

The quality criteria areas below have been established by the Department of Elementary and Secondary Education (Department) in partnership with EEC to guide collaborative statewide system-building effortsfor*OST* services that will help children and youth in the Commonwealth to be productive and contributing citizens. See the [*Guidelines for Quality Enhancements in After-School and Out-of-School Time programs*](http://www.doe.mass.edu/grants/2017/530/AttachementA.docx) for more details.

Applicants **must propose activities to enhance at least one of the quality criteria areas** listed below. Proposing enhancements in multiple areas is allowable, but is not required, and will not necessarily result in a stronger application.

*\*****Service-Learning (SL) Professional Development Enhancement Option 1 (PD Only):*** *Applicants may elect to participate in a 2-day Service-Learning Getting Started: Implementation and Planning training provided by the Department in collaboration with Harkins Consulting. The training will also include support on accessing Department sponsored SL curricula and social emotional learning activities developed with Harkins Consulting. If electing this option, an additional $2,500 should be budgeted for Harkins Consulting - PD in the Contractual Services (line 6) of the school year budget. Please also be sure to address how the SL PD will enhance the program in your response to A7*.

*\*****Service-Learning (SL) Professional Development Enhancement Option 2 (Coaching):*** *Programs with staff who have already attended the 2-Day SL trainings and who would like to receive individualized coaching support from the Department selected trainer (Harkins Consulting) may propose this as an enhancement as well. If electing this option, an additional $2,500 should be budgeted for Harkins Consulting – Coaching in the Contractual Services (line 6) of the school year OR summer budget, depending on the timeframe you plan to utilize the coaching support. Please also be sure to address how SL coaching support will enhance the program in your response to A7*.

For which quality criteria area(s) are you proposing to implement enhancements? (Put an ‘x’ next to all that apply)

|  | **A. Comprehensive Academic and Non-Academic Programming** |
| --- | --- |
|  | **B. Partnerships** |
|  | **C. Serving Special Populations** |
|  | **D. Family Involvement** |
|  | **E. Highly Qualified Staff**  *\*Note: This area includes the Service-Learning (SL) professional development options described above. If you would like to elect one or both of these options, please check the box(s) below.*  SL PD Option 1 (PD Only) – Indicate the anticipated number of staff you plan to send to the training here: \_\_\_\_  SL PD Option 2 (Coaching) – Indicate the timeframe you would like to receive coaching support here: \_\_\_\_SY \_\_\_\_Summer |
|  | **F. Evaluation Systems** |

|  |  |
| --- | --- |
| 1. **Proposed Quality Enhancements (continued):**   ***Reminder:*** *The activities proposed should directly align to the quality enhancement areas selected above, as well as the needs described (below).* | |
| **Proposed Enhancements:** Describe planned activities, supported by this grant that will *enhance* existing activities or programming. Please specify what will happen, who will do it and when. |  |
| **Need for Enhancements:** Describe the identified need(s), including any barriers to participation, which the proposed enhancements will help to address. Please include data, where appropriate, to demonstrate the need(s). |  |
| **Anticipated Outcomes:** Briefly describe what change(s) is (are) expected as a result of the proposed enhancement activities and how they will be measured? |  |
| **Budget Justification:**  Describe how requested grants funds will support the proposed program enhancement activities.  **Note: Applicants requesting funding to support existing staff costs must provide a clear justification for the allocation of these costs to the proposed enhancements.** |  |

**END OF REQUIRED PROGRAM INFORMATION FOR APPLICANTS IN Category A.**

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| 1. **Category B: Regional or Statewide Professional Development (PD)**   **FISCAL YEAR 2019 PROGRAM COVER SHEET**  *(Applicants for this category must complete Questions B1 – B8, on pages 6-7 of the original version of this document.)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Amount of Grant Funds Requested  ($25,000 maximum):** | | **School Year (through 6/30/19)** | | | **Summer (7/1/19-8/31/19)** |
| $ | | | $ |
| **Applicant Agency:** | |  | | | |
| **Program Coordinator Name/Title:** | |  | | | |
| **Address:** | |  | | | |
| **Phone:** |  | | **Email:** |  | |
| **Proposed number of educators to be engaged in PD/Networking through this grant:** | | | |  | |
| **Proposed number of PD sessions to be offered through this grant:** | | | |  | |

1. **Regional or Statewide:** Please indicate the region(s) in which proposed PD and networking will occur.

|  | **Statewide** (To be considered for “Statewide” implementation, applicant must propose professional development (which includes opportunities for networking) for all regions listed below. Opportunities offered may be virtual. |
| --- | --- |
| **AND/OR** | |
|  | **Boston** |
|  | **Central** |
|  | **Greater Boston** |
|  | **Northeast** |
|  | **Southeast** |
|  | **West (Includes “Berkshires” and “Pioneer Valley”)** |

1. [**Quality Criteria Areas**](http://www.doe.mass.edu/grants/2017/530/AttachementA.docx)**:**

The quality enhancement criteria areas have been established by the Department in partnership with the Department of Early Education and Care (EEC) to guide collaborative statewide system-building effortsfor*OST* services that will help children and youth in the Commonwealth to be productive and contributing citizens.

Professional development (PD) activities must meet the [Massachusetts Standards for PD](http://www.doe.mass.edu/pd/standards.html) and include opportunities for networking. PD may include training/webinar series.

Programs applying for funds in this category must propose to offer PD/networking in one or more of these quality areas. Applicants in this category are expected to align PD offerings to the current needs of the OST field.

For which quality criteria area(s) are you proposing to implement PD? (Put an ‘x’ next to all that apply)

|  | **A. Comprehensive Academic and Non-Academic Programming** |
| --- | --- |
|  | **B. Partnerships** |
|  | **C. Serving Special Populations** |
|  | **D. Family Involvement** |
|  | **E. Highly Qualified Staff** |
|  | **F. Evaluation Systems** |

1. **Experience:** Please describe *current or previous experience* providing professional development and/or networking for *OST* programs. Include specific experience in providing these opportunities related to the quality areas selected above.

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1. **PD Area(s):** Please describe how the topic areas for the PD/networking offerings were determined based on current input from OST providers. **Note:** While definitely not limited to these areas, the Department based on needs assessments conducted is seeking proposals for PD/networking that include project-based learning, cultural responsiveness, social and emotional learning, behavior support, and family engagement as well the convening of regional networks to work with the Department and EEC to support the implementation of school and community partnerships.
2. **Proposed Activities and Timeline:** Please describe the proposed PD offerings to be *provided using this grant funding*. Include the following for each:
   * Session Title
   * 1-paragraph description
   * Session Format (face-to-face, webinar, hybrid, etc.)
   * Target Audience (program administrators, direct staff, etc.)
   * Timeframe (including time of year/date, if known, # of hours)
3. **Recruitment:** Please describe how you will recruit participants for and market offerings to OST programs, including ASOST-Q grantees and other OST providers.
4. **Program Capacity:**

ALL APPLICANTS THAT ARE AGENCIES AND ORGANIZATIONS **OTHER THAN A SCHOOL, SCHOOL DISTRICT, CITY, OR TOWN,** please provide the following additional information

* 1. **(Maximum 1 page)** Describe the agency/organization’s previous experience with similar amounts of funding at state, federal, or local levels through government, foundation, or private grants.
  2. **Append** to this application proof of fiscal responsibility, for example, a copy of the most recent annual audit letter (the entire audit need not be attached.)

**END OF REQUIRED PROGRAM INFORMATION FOR APPLICANTS IN CATEGORY B**