|  |  |
| --- | --- |
| Name of Grant Program: MassGrad Promising Practices  | **Fund Code:** 320 |

|  |
| --- |
| PART III – REQUIRED PROGRAM INFORMATION |

**Instructions:**

Please complete the tables and respond to the questions included in this document in the order provided. The response should be no longer than eight (8) pages of narrative and tables using Arial 10 point font (the *Budget Detail Pages* do not count towards page maximum).

**SECTION I: BASIC PROJECT INFORMATION**

|  |  |
| --- | --- |
| **District Name**  |  |
| **School Name**  |  |
| **Project coordinator (he/she will be the main contact for the project)** |  |
| **Project coordinator title** |  |
| **Project coordinator Contact Information (phone & email)**  |  |
| **Grant/business contact (if different)**  |  |
| **Other key project staff***List names, titles, and emails* |  |
| **Priority strategy/strategies (*see Research Based Strategies descriptions in Additional Information ):***  |
| **How do you, or will you, address the social, emotional and/or health needs of targeted students;**  |
| **Anticipated number of students to be served:**  | **Actual/Anticipated Risk Factors of Students:**  |

**SECTION II – GRANT PROPOSAL SYNOPSIS**

1. Provide a **one to two paragraph** synopsis of your grant proposal that you will detail below. Include in your response brief descriptions of the activities associated with the chosen priority component(s). If selected for funding this synopsis will be posted on the Department website.

**SECTION III – NEEDS ASSESSMENT**

1. Thoroughly describe the methods and results of a needs assessment process that you use to identify the students to be served. Describe any quantitative and qualitative data and the tools used to support the results (EWIS, DART, local tools, etc.)

**SECTION IV– GRANT GOALS**

1. Describe what success will look like for your school and district at the end of the grant period, August 31, 2020.
2. Identify two metrics with goals your district will look at to determine the impact and success of this grant funding (e.g., increase attendance by 5%, pass all courses, increase graduation rate by 1.5%.)

**SECTION V – GRANT IMPLEMENTATION**

1. Describe:
	1. the student population(s) you intend to serve (overage, under-credit, high risk, etc.);
	2. the criteria you will use to determine eligibility;
	3. Identify the strategies you have chosen and explain rationale for this (these) choices for this student population and the identified need.
2. Provide a brief description of the activities/supports/services that will be used to implement the priority strategies? How often and where will it happen (in class, daily, school day, after school, etc.) What is the anticipated impact on the student?
3. How will this grant project inform and coordinate with other school improvement efforts and ongoing initiatives? Include in the description how other federal, state, and local funding streams, initiatives, and resources will be connected with this project. *Note:* *funds must be used to supplement, not supplant, current programming.*
4. How will this funding opportunity improve access to supports for historically underserved populations?
5. List and describe the district and school staff members, students, guardians, and/or external partners that will be part of your “implementation team.” Include in the description the names, titles, and roles of these team members. Also, please include in the description how often this team will meet and work together to ensure the successful implementation of the grant project.
6. Provide a detailed description of the timeline for all grant-related activities and milestones, as well as the individual people responsible for the implementation of the grant activities. Activities listed may extend beyond just the grant funded activities but there must be a connection between activities and the strategies being implemented.

| **Time Period** | **Description of Activities and Benchmarks** | **Person/ people responsible** |
| --- | --- | --- |
| **October 2019** |  |  |
| **November 2019** |  |  |
| **December 2019** |  |  |
| **January 2020** |  |  |
| **February 2020** |  |  |
| **March 2020** |  |  |
| **April 2020** |  |  |
| **May 2020** |  |  |
| **June 2020** |  |  |
| **July 2020** |  |  |
| **August 2020** |  |  |

#### SECTION VI – BUDGET

Provide a budget narrative in the *Budget Detail Pages* (Excel file) that includes a description of proposed program expenses by line item. Describe how project expenses relate to proposed activities.

Describe any local matching funds, both in-kind and actual cash expenditures, which will support the program activities. *Note:* *the match does not need to equal 100 percent but must show a substantial commitment on behalf of the district.*