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

This application for continuation grant funds includes year-end program reporting for current fiscal year 2018-2019 (FY19) grant activities, as well as proposed activities for FY20 (School Year 2019-2020 and Summer 2020). Proposed activities for FY20 should be informed by lessons learned and program evaluation results from your current grant.

**CATEGORIES:** Please respond to the questions based on your corresponding funding category. As a reminder, Category A = Quality Enhancements or Category B = Professional Development/Networking.

**DUE DATE: Thursday, August 29, 2019**

**ONLINE SUBMISSION**

In order to facilitate the compilation of data related to the ASOST-Q grant, some additional information not included in this Part III is also required for your FY20 grant application; this additional information must be submitted online. This includes information about FY19 implementation (09/01/2018-08/31/2019) and plans for FY20 (09/01/2019-08/31/2020).

***The data report must be submitted online using the following link by the same due date noted above:*** <https://www.surveygizmo.com/s3/5051498/FY19-ASOST-Q-Year-End-FY20-Continuation-Data-Report>

1. **Organization Name:**
2. **Timeframe (FY20 Plans): Please indicate the timeframe during which FY20 enhancements will take place. (Check all that apply.)** Note: If proposing both school year and summer grant activities, please be sure to submit a Part I (Standard Contract / Signature Page) and Part II (Budget/Budget Narrative) for each timeframe. Both of these are in the Part I/II Excel Workbook found in the Required Forms section of the Funding Opportunity RFP.
* School Year (09/01/2019 - 06/30/2020)
* Summer (07/01/2020 - 08/31/2020)
1. **Start and End Dates (FY20 Plans):** Please note the start and end dates for your school year and/or summer programs funded through this ASOST-Q continuation grant. This will help in our planning for any possible site visits next year.

School Year Start Date:

 School Year End Date:

 Summer Start Date:

 Summer End Date:

1. **FY19 Success Stories (maximum 600 words, ~1 page):** Please provide a brief summary of the implemented program enhancement(s) [Category A] or professional development offerings [Category B] and resulting successes*.*
2. **FY19 Lessons Learned (maximum 600 words, ~1 page):** Please describe lessons learned that will inform next year’s program improvements and enhancements [Category A] or professional development offerings [Category B]. Where applicable, include an analysis of the data collected from program or PD evaluation activities, including, but not limited to, the grant-required APT-O [Category A].
3. **FY19 Outcomes:** Please briefly summarize the outcomes you have achieved as a result of implementing your program enhancement(s) [Category A] or professional development offerings [Category B]. Please also address if there were any outcomes that were anticipated but not achieved, as indicated by your responses to the outcome question in the [data report](https://www.surveygizmo.com/s3/5051498/FY19-ASOST-Q-Year-End-FY20-Continuation-Data-Report) that is also linked to above.
4. **(FY20 Plans) Total Funding to Support OST Programming:** Please complete the chart below describing **all** funds that support the OST programming that is being enhanced through this grant.  Please indicate the amount of funding, and in the “Source(s)” column briefly list the sources.  Please do not include the amount you are requesting from this proposal.

|  |  |  |
| --- | --- | --- |
|  | **Total Amount** | **Source(s)** |
| Federal (include 21st cclc here) |  |  |
| State (include Early Education and Care (EEC) contracts/vouchers here) |  |  |
| Local |  |  |
| Private (include foundation grants, private donations, etc.) |  |  |
| Tuition |  |  |
| Other |  |  |

**IMPORTANT NOTE:** Please respond to the remaining questions **based on your category of funding. Category A (Quality Enhancements) = A1&2 (pages 3 & 4) and Category B (Professional Development/Networking) = B1-3 (page 5).**

**Category A (Quality Enhancements) ONLY:** Continuation grant funds must be used to continue or support new **quality enhancements** to OST programming during the school year and/or summer (upon approval through August 31, 2020.)

**Reminders:**

* Proposed activities should be **quality enhancements** to existing programming and aligned to the Purpose/Priorities outlined in the RFP/Funding Opportunity.
* Proposed quality enhancements should be informed by FY19 program evaluation and lessons learned.
* Proposed quality enhancements may continue/build upon FY19 funded activities.

*\*****Service-Learning (SL) Professional Development Option:***

*Applicants who participated in last year’s SL PD/coaching may again elect to participate. A reminder that $2,500 (or $5,000 if you elected both PD and coaching last year) should again be budgeted for Harkins Consulting in the Contractual Services (line 6) of your budget.*

*\*Important note: SL PD grantees are invited to the Service-Learning ASOST-Q Kickoff scheduled for* ***October 8, 2019, at Tower Hill Botanical Gardens in Boylston****.**Please save the date.*

*Please also note that the following are the tentative dates for the 2 Day SL Getting Started trainings for any staff: August 6 & 7 (2019), October 22 & 23 (2019), November 6 & 7 (2019), December 4 & 5 (2019), January 28 & 29 (2020), March 25 & 26 (2020), May 20 & 21 (2020), and June 2 & 3 (2020). More details and link to register here:* [*http://harkinsconsultingllc.com/events/*](http://harkinsconsultingllc.com/events/)*.*

***\_\_\_\_\_: Please indicate here with ‘Yes’ or ‘No’ if you plan to participate again in the SL PD/coaching during FY20. SL PD grantees should also address how SL will be an enhancement in your response to questions 1 and 2 below.***

1. **FY20 Quality Enhancement Areas**: In which of the following areas will program enhancements be implemented using grant funds? (Check all that apply.)
* Comprehensive Academic/Non-Academic Programming
* Partnerships
* Serving Special Populations
* Family Involvement
* Highly Qualified Staff
1. **FY20 Quality Enhancement Plans (maximum 2 pages):** Using the chart below, and based on the lessons learned that are described above, please provide a description of the proposed program quality enhancements (including for each: anticipated outcomes, budget justification) for FY20 grant funds request.

***Reminders:***

* *Activities proposed should directly align to the quality enhancement areas selected above for*
* *Activities may build upon/continue quality enhancements that were implemented in FY19. Be sure to provide updated anticipated outcomes based on any progress made to date.*

**Instructions/Tips:** Responses may be in bulleted or paragraph form. Cells will expand to fit the text you type. Please do not change the column widths. ***Delete or add rows as needed.***

|  |  |  |
| --- | --- | --- |
| **Proposed Enhancement Activity (and Enhancement Area):**Please provide a brief description (1-2 paragraphs) of each proposed enhancement activity. | **Anticipated Outcome(s):**Briefly describe what change(s) is (are) expected as a result of the enhancement activity?  | **Grant Budget Justification:**Briefly describe how grant funds will support the enhancement activity. |
| ***Example:****All staff will be trained in project-based learning (PBL) and are expected to incorporate this teaching and learning approach, as appropriate, into their offerings.*  | *- 5 staff trained**- Minimum of 5 new activities offered that incorporate SL or PBL.**- Approximately 50 students will engage in SL and/or PBL.* | *Funds will support initial training of staff, as well as coaching support as they plan and implement their projects.* |
| **Proposed Enhancement Activity (and Enhancement Area):**Please provide a brief description (1-2 paragraphs) of each proposed enhancement activity. | **Anticipated Outcome(s):**Briefly describe what change(s) is (are) expected as a result of the enhancement activity?  | **Grant Budget Justification:**Briefly describe how grant funds will support the enhancement activity. |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**CATEGORY B (Professional Development/Networking):** Continuation grant funds must continue to be used to support OST programs, including those receiving ASOST-Q Category A (**quality enhancements)**,as they work to improve the quality of their programming.

**Reminders:**

* Providers, where possible and applicable, should align their offerings to the Department of Elementary and Secondary Education (Department’s) [Standards for High Quality Professional Development](http://www.doe.mass.edu/pd/standards.html). If sessions that do not meet the definition are being offered, include a brief rational in the description.
* Information about all offerings (description, dates, registration process) should be forwarded to the Department once finalized for dissemination).
	+ - 1. **FY19 Summary:** Please provide the following information about each of the PD, T/TA and Networking sessions offered during FY19. Include each training series as one entry.  If you need additional rows, please insert.

|  |  |  |  |
| --- | --- | --- | --- |
| **Session Title** | **Date(s)** | **Total # of Participants** | **Brief summary of the participants' feedback / evaluation of the session** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* + - 1. **FY20 Quality Enhancement Areas**: In which of the following areas will PD, TA, or networking be provided using grant funds? (Check all that apply.)
* Comprehensive Academic/Non-Academic Programming
* Partnerships
* Serving Special Populations
* Family Involvement
* Highly Qualified Staff
	+ - 1. **FY20 Proposed Sessions and Timeline:** Please use the chart below to provide a description of the proposed PD, T/TA and Networking to be *provided using this grant funding*. Add rows as needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** | **Description** | **Dates & Hours** (estimate if not yet known) | **Audience**(e.g., OST direct staff, coordinators, etc.) | **Session format(s)**(e.g., face-to-face, webinar) | **Estimated capacity**(# of participants) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***Important Note: All costs associated with offering proposed opportunities should be supported with the grant request and/or through in-kind/matching sources. The Department will not provide any additional funding for space or materials. Fees may not be charged to participants for these opportunities (with the exception of nominal fees to cover food costs only if provided).***