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| **Name of Grant Program:** **Deeper Learning Implementation Grant** | **Fund Code:**   **105** |

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| PART III – REQUIRED PROGRAM INFORMATION |

**DIRECTIONS FOR THIS FORM:**

* Address all applicable areas of Part III.
* As per the RFP, all grant application documents, including this Part III and any supplemental information, must be **EMAILED** to: [Kaleidoscope@mass.gov](mailto:Kaleidoscope@mass.gov) by January 27, 2023

**General information:**

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| **School/District Name** |  |
| **Primary Grant Contact** | Name: |
|  | Email: |
| **Team Lead Name (if different from above)** | Name: |
|  | Email: |
| **School Address:** |  |
| **AMOUNT REQUESTED:** |  |

**Grant Goals and Proposed Use of Funds:**

1. **PROJECT DESCRIPTION**: **(MIN: 250 words)** **Describe the project for which these grant funds are sought and how it connects to the school or district’s strategic priorities and plans.**

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1. **PROJECT GOALS:** **Describe the SMARTIE *Goals (Specific, Measurable, Ambitious, Realistic, Time-bound, Inclusive, Equitable)* the school/district hopes to achieve in order to accomplish the expected outcome(s) of the project *(Add more rows if necessary.)***

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| Project Goals: | |
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| 2 |  |
| 3 |  |

1. **Outcomes: (Max: 250 words) How will this project have a meaningful and measurable impact on students in your school? How will you know if you are successful?**

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1. **Proposed Use of Funds: Describe the proposed use of funds for grant activities.**

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| **Amount** | **Description: What will the money be used for?** |
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1. **Action Items and Timelines:** List the specific *Action Items* in which the school will engage in order to meet the goals and objectives of the project as described in the school-based deeper learning goals. *(Add more rows if necessary.)*

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| **Action Item** | **Anticipated Completion Date** |
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1. **THEORY OF ACTION:** Briefly summarize grant activities and outcomes by responding to the following prompt…

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| **If we….** |  |
| **Then…** |  |

1. **CONNECTION TO PRIORITY AREAS: Identify how the grant activities will ensure equitable access to high quality deeper learning experiences. (Max: 250 words)**

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**CONTACT INFORMATION**: List the name(s) and position(s) of the primary contact and **TWO** additional individual(s) who may be contacted regarding this proposal.

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| --- | --- | --- | --- |
| **Name** | **Position** | **Email Address** | **Phone No.** |
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