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

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

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 Fiscal Year (FY) 2022 Fund Code (FC) 335 Safe and Supportive School Competitive Grants. Both Option 1 (action planning) and Option 2 (implementation and mentorship/support) grantees from FY2022 are eligible for this FY2023 continuation grant.

|  |  |
| --- | --- |
| **District:** |  |
| **Amount Requested** **(See Eligibility Section of RFP for maximum amounts)** | **School Year** | **Summer** |
| $ | $ |
| **Program Coordinator Name/Title:** |  |
| **Phone:**  |  | **Email:** |  |
| **Fiscal Contact Name/Title:** |  |
| **Phone:**  |  | **Email:** |  |
| **Superintendent/ Charter School Leader/ Collaborative Leader****Name/Title:** |  |
| **Phone** |  | **Email** |  |
| **Additional District Based Staff to be added to DESE contact list (optional)** |
| **Name/Title** |  |
| **Phone:**  |  | **Email:** |  |
| **Name/Title** |  |
| **Phone:**  |  | **Email:** |  |
| **Name/Title** |  |
| **Phone:**  |  | **Email:** |  |
| **FY2022 FC335 Grant Award Category: *check one*** | \_\_\_ Option 1 (Action Planning)\_\_\_ Option 2 (Implementation and Mentorship/Support) |
| **Total number of schools to participate in implementation through this grant:** |  |
| Please list each school or program planning to participate in this year’s grant and the grades served: (*add rows if needed)* |
| **School Name** | **Grades Served** |
|  |  |
|  |  |
|  |  |
|  |  |

Both FY2022 Option 1 (Action Planning) and Option 2 (Implementation and Mentorship/Support) grantees must answer all sections below unless otherwise noted.

**Applicants may be asked to submit additional information if needed for clarity, etc. A minimum of 3-5 sentences can generally be considered a substantive response. Please enter your answers in the unshaded cells in the table below.**

1. **FY2022 Reflection**

|  |
| --- |
| 1. Describe how grant funds were used during the FY2022 grant period.
 |
|  |
| 1. Describe any district or school-wide efforts made during FY2022 to create or strengthen safe and supportive learning environments for students, their families, and staff. These efforts might include training and professional development to better understand and reflect on the impact of equity, including racial equity, bias, and/or cultural competency. Include any areas of growth, or further professional development (PD) that would enhance these efforts. You may include efforts directly supported but FY2022 FC 335 grant funds and efforts that were funded in other ways.
 |
|  |
| 1. In what ways were FY2022 grant activities supported by school and district leadership?
 |
|  |
| 1. Briefly describe what went well in the FC335 grant process during the 2021-2022 school year (for example: virtual meetings which allowed a broader group of stakeholders to meet and collaborate).
 |
|  |
| 1. Briefly describe what was challenging in the FC335 grant process during the 2021-2022 school year and how these challenges were overcome (for example: prioritizing the safe and supportive work when there were other competing priorities, which was overcome by scheduling frequent but short meetings to check on progress). If these challenges were not overcome, what supports could be provided in the future to overcome them?
 |
|  |

1. **Participating Schools:**

Complete the information below for all participating schools for this continuation grant. Not all schools who participated in the competitive FY2022 FC335 grant are required to participate in this continuation grant. For any schools from the FY2022 grant that are not participating, please note them as well and a brief description explaining why in the appropriate space below.

**COPY AND PASTE FOR EACH SCHOOL THAT WILL PARTICIPATE IN THE FY2023 GRANT**

|  |  |
| --- | --- |
| **School Name:** |  |
| **Did school participate in the FY2022 FC335 grant?** | **Yes** |  | **No** |  |
| **School Based Team Lead Name** |  |
| **School Based Team Lead Email Address:** |  |
| **Additional School Based Team Members (*add additional lines if needed)*** |
| **Name** | **Role or Title** | **Email Address (optional, if person would like to be included in DESE communications about PD, networking, etc.)** |
|  |  |  |
|  |  |  |
|  |  |  |

**Use this space to list any school that participated in FY2022, but will *not be participating* in the FY2023 continuation grant (copy for additional schools):**

|  |  |
| --- | --- |
| **School Name:** |  |
| **Reason for not participating in FY2023** |
|  |

1. **Implementation Plans for FY2023:**

**Complete questions 1-3 for participating schools. If there are significant differences between participating schools, please describe them in your responses.**

|  |
| --- |
| 1. Describe the anticipated opportunities to successfully implement the submitted action plans[[1]](#footnote-2) (For example, what will help facilitate success? What are the potential gains/outcomes with successful implementation?) and any potential challenges to successful implementation.
 |
|  |
| 1. Describe any efforts the school or district will take to sustain implementation efforts addressing the priority areas identified using the Safe and Supportive Schools Self-Reflection Tool (SaSS Tool) beyond the FY2023 funding cycle.
 |
|  |

**Complete question 3 for each school. If more than one school will be participating in the same activities, list all school names in the “school name” cell. If schools will be participating in different activities, copy this chart and complete for each school individually.**

|  |
| --- |
| 1. **Rationale for School Based Implementation:** Below, provide details regarding specific FC337 fund use including responses in each column (add additional rows if needed). These activities may come directly from the school and/or district action plans.
 |
| **School Name:** |  |
| **Activity** | **Approximate Dates** | **Indicators of Success** | **Approximate Funding Amount** |
| *Describe the specific initiative/program/professional development/material/resource that will be funded by the grant. Include information about who will lead the effort, if known, such as a specific organization, vendor or school or district-based personnel* | *Indicate anticipated dates/timeframes for implementing grant activities* | *Describe what success looks like if this activity is implemented. Include any data that will be used to evaluate the level of success.* | *Include the approximate cost of the activity that will be covered by the grant.*  |
|  |  |  |  |
|  |  |  |  |

*Copy and paste here additional #3 table(s), if applicable.*

**Complete question 4 for each school if additional action-plan related activities will be implemented during FY2023, NOT USING GRANT FUNDS. If more than one school will be participating in the same activities, list all school names in the “school name” cell. If schools will be participating in different activities, copy this chart and complete for each school individually.**

|  |
| --- |
| 1. **Additional School Based Implementation:** Below, provide details regarding any additional activities related to the action plan that other funds will be used to implement (for example: professional development that will take place related to safe and supportive learning environments that is funded through the district’s professional development budget). Add additional rows if needed
 |

|  |  |
| --- | --- |
| **School Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Approximate Dates** | **Indicators of Success** | **Funding Source** |
| *Describe the specific initiative/program/professional development/material/resource that will be funded with other funding sources. Include information about who will lead the effort, if known, such as a specific organization, vendor or school or district-based personnel* | *Indicate anticipated dates/timeframes for implementing grant activities* | *Describe what success looks like if this activity is implemented. Include any data that will be used to evaluate the level of success.* | *If known, indicate the funding source that will be used to fund this activity* |
|  |  |  |  |
|  |  |  |  |

*Copy and paste here additional #4 table(s), if applicable.*

1. **School and District Action Plans, and School Improvement Plans**

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.

|  |
| --- |
| 1. Describe the ways 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 or other school or district plans (e.g., Student Opportunity Act, strategic plans, etc.) and any efforts that will be made to strengthen this alignment.
 |
|  |

1. **Professional Development Needs**

**Complete questions 1 for the district as a whole. If there are significant differences between participating schools, please describe them in your responses.**

|  |
| --- |
| 1. Describe any areas of support or professional development needs from DESE, the districts, or elsewhere related to safe and supportive schools for the 2022-2023 school year.
 |
|  |

1. *School and district action plans should have been submitted based on the instructions from FY2022 FC335 Option 1 or previously for FY2022 FC335 Option 2 grantees. These must be submitted prior to approval of this grant. Updated plans may be submitted as well.* [↑](#footnote-ref-2)