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| **Name of Grant Program:** Recovery High School Program | **Fund Code:** 791 |

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| PART III – REQUIRED PROGRAM INFORMATION |

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| Amount Requested Fiscal Year 2022-2023 (FY2023): |  |
| Applicant (School District or Educational Collaborative): |  |
| Program Name: |  |
| Program Coordinator Name/Title: |  |
| Program Coordinator Email:Note: List email(s) of the person(s) DESE should be communicating directly with on this grant. |  |
| Address: |  |
| Phone: |  |
| Recovery High School Program Address: |  |

**Responses to Questions 1-3 must be completed within this document, cannot exceed 4 pages, and must maintain the existing margins, question text, and font style and size.**

**Grant funding will be based on the following:**

1. **Progress/updates on meeting goals and objectives as described in strategic plans for the 2021-2022 (FY22) school year. If plans have been modified, please explain modifications:**
2. **List and briefly describe all professional development/trainings completed by leadership and/or staff during the 2021-2022 (FY22) school year and planned professional development/training for 2022-2023 (FY23) school year:**
3. **Budget Narrative:**
	1. **Using the template (Part II) in the *Required Forms* section of the RFP, submit a proposed budget for Fiscal Year 2023 (FY23).** All costs must be reasonable and necessary to implement the program and **please note** transportation is **NOT** an allowable expense. The amount should reflect the amount requested from the grant.
	2. **FY2023 Budget Narrative (anticipated July 1, 2022-June 30, 2023, subject to continued appropriation and meeting grant expectations and requirements):** Complete the chart below to describe the proposed costs and how they align to implementing the proposed program.

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| **FY2023 Line Item** | **FY2023 Line Total** | **FY2023 Budget Purpose and Explanation** |
| Line 1 – Administrators |  |  |
| Line 2 – Instructional/Professional Staff |  |  |
| Line 3 – Support Staff |  |  |
| Line 4 – **4. Stipends** |  |  |
| Line 5 – **5. Fringe Benefits**  |  |  |
| Line 6 – **Contractual Services** |  |  |
| Line 7 – **Supplies and Materials** |  |  |
| Line 8 – **Travel** |  |  |
| Line 9 – **Other Costs** |  |  |
| Line 10 – **Indirect Costs** |  | [**Appendix P Indirect Cost Calculation Worksheet**](http://www.doe.mass.edu/grants/procedure/default.html) |
| **Line 11 – Equipment** |  |  |