|  |  |
| --- | --- |
| **Name of Grant Program:** Appleseeds Materials and Professional Development Grant | **Fund Code:** 208 |

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

|  |
| --- |
| **PART A – Contact and Basic Information** |

# Required: Please write the name of the District/LEA

|  |
| --- |
|  |

**Required:** Please write the name of Elementary School(s)

|  |
| --- |
|  |

**Required**: Provide contact information for the district level leader or school administrator managing this grant.

|  |
| --- |
| Name:  Phone:  Email: |

**Required:** Provide contact information for the person managing the funds or business office contact.

|  |
| --- |
| Name:  Phone:  Email: |

**Optional**: Information for an additional contact who will require communication about the grant (e.g., grant manager, finance office, curriculum director).

|  |
| --- |
| Name:  Phone:  Email: |

**Required:** Contact person, in addition to the grant contact person, for data collection.

|  |
| --- |
| Name:  Phone:  Email: |

**Required:** Check (ü) to acknowledge that if awarded this grant, the district will be required to submit early literacy screening data to DESE at the end of each award year June 30, 2024 and June 30, 2025.

|  |  |
| --- | --- |
| I acknowledge that if award this grant, the district will be required to submit early literacy screening data to DESE at the end of each award year. |  |
| Approved early literacy screening assessment used by the district: |  |

**Required: K-2 Literacy Program Details** What curricular materials/program(s) does your district currently use to teach reading foundational skills in K-2 classrooms (if any)?

|  |
| --- |
|  |

|  |
| --- |
| **PART B – Appleseeds Implementation Model** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| This grant will provide funding for materials as well as hands-on support from Appleseeds professional development providers for recipients to accomplish the activities listed under either Track 1 or Track 2.   |  |  | | --- | --- | | Track 1: **Full Adoption** of *Appleseeds: Evidence-Based Foundational Skills for Massachusetts* in grades K-2 | Track 2: **Decodable Readers Adoption** of*Appleseeds: Evidence-Based Foundational Skills for Massachusetts* in grades K-2 | | Funding Activities for Track 1:   * Purchase and ship all Appleseeds curricular materials for grades K-2 * Up to 100% of spring/summer of 2024 professional development with a cap of $100,000 for teachers and leaders to support skillful and culturally sustaining implementation of all Appleseeds materials | Funding Activities for Track 2:   * Purchase and ship all Appleseeds decodable readers for grades K-2 * Up to 100% of spring/summer of 2024 professional development with a cap of $100,000 for teachers and leaders to support skillful and culturally sustaining implementation of Appleseeds decodable readers | |

**Which track are you applying to? (Highlight your choice.)**

|  |  |
| --- | --- |
| Track 1: **Full Adoption** of *Appleseeds: Evidence-Based Foundational Skills for Massachusetts* in grades K-2 | Track 2: **Decodable Readers Adoption** of*Appleseeds: Evidence-Based Foundational Skills for Massachusetts* in grades K-2 |

**(If applicable) Which professional development provider are you submitting a proposal to partner with? Please reference the fund use document posted with this RFP. (Highlight your choice.)**

|  |  |  |  |
| --- | --- | --- | --- |
| ANet | Instruction Partners | TNTP | SchoolKit |

**Please describe the time frame in which you plan to implement Appleseeds activities with the funding from this grant for FY24 School Year (up until 6/30/24) and FY25 Summer (up until 8/31/24).**

|  |
| --- |
|  |

**(If applicable) Please describe the time frame in which you plan to implement Appleseeds activities if awarded a continuation grant for FY25 School Year (no earlier than 9/1/24 to 6/30/25).**

|  |
| --- |
|  |

|  |
| --- |
| **PART C – Articulating a Clear Commitment to Evidence-Based Early Literacy Practices for All Learners** |

Please **summarize** your reasons for wishing to participate in Appleseeds Materials and Professional Development grant by answering these questions:

* Why is your district interested in implementing high-quality instructional materials related to K-2 foundational skills in the upcoming school year?
* What do you hope to accomplish through participating in this grant and how will the funds result in improved evidence-based early literacy practices for all learners?

[response length limit: 150 words]

|  |
| --- |
|  |

|  |
| --- |
| **PART D – Articulating Capacity and Conditions to Implement Appleseeds** |

As you consider how the activities of this grant program will take shape within your local context, please speak to how your team is prepared to effectively complete all grant activities. In your response, consider:

* How will professional development structures be used or adjusted to meet the needs of implementing Appleseeds for the track you have chosen?
* How will educators be given the time, capacity, and support to implement the materials?

[response length limit: 150 words]

|  |
| --- |
|  |

*Thank you for your interest in the Appleseeds Materials and Professional Development Grant and*

*the investment of time to prepare this proposal.*