1. **Applicant (Organization) and Partners:**

Provide a current list of partners, including applicant. Complete Part IV: Partner Contributions and Commitments for new partners only.

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1. **Project Title and Updated Abstract:**

Provide an updated abstract; include any changes with supporting explanation, actions to enhance the sustainability of the program, and evaluation considerations.

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| **MMSP Partnership Webpage:** |  |

1. **Project Impact:**



\*\*List contact hours; indicate required online hours in parentheses, where applicable.

1. **Contact Information**

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|  | **Name** | **Affiliation** | **Telephone Number** | **Email Address** |
| **Project Director** |  |  |  |  |
| **Partnership Coordinator** |  |  |  |  |
| **Fiscal Contact** |  |  |  |  |
| **Partnering District/IHE Contact** |  |  |  |  |
| **Partnering District/IHE Contact** |  |  |  |  |
| **Partnering District/IHE Contact** |  |  |  |  |

\*Please be sure that each partner has at least one key contact listed; insert additional rows as needed.

1. **Summary of Participation:**  In the table below, list all courses, and the number of participants who **completed** them in all previous years of your grant. Estimate participation in courses not yet completed. Insert rows as necessary. Attach the syllabus of all completed courses.

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| **Name of Course** | Number of  Contact Hours | Semester | Year | **Number of Participants** | | |
| Total | High-Need | Non-High Need |
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1. **Recruitment plan for this year (that is, from Approval of FY18 Continuation-8/31/18) of the grant:** Provide an estimate of the number of educators in the participating districts who impact STEM instruction and would benefit from your professional development (PD) courses. (Include SPED, EL, coaches, para-professionals, administrators, etc.) Based on the percentage of staff members who can reasonably be expected to participate, describe the strategies you plan to use for recruiting and selecting participants.

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1. **Description of Courses and Follow-Up Activities**

For each course proposed for this year of the grant, please provide the information requested in the table below. Insert rows as needed.

NOTE: For course or follow-up hours, include the number of hours per activity with online hours in parentheses if applicable. Do not include homework hours.

**Attach proposed course syllabus to this proposal.** A template of key elements of an MMSP syllabus and sample is included in the RFP. As part of this syllabus, there should be a detailed description of one session/class. All course syllabi are required in the end-of-grant report.

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| Course Title and Location | For Educators of Grades | Contact Hours  + (Online Hours, if applicable) | Objectives, learning standards (content, and/or practice), coded to the appropriate framework and possible student growth measures in common assessments | Instructors & Affiliations (if IHE, include Department) | Course Description |
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| Course Follow-Up or Other PD Activities (i.e. curriculum design team work, learning communities, assessment workshops, etc.) | Contact Hours  + (Online Hours, if applicable) | Describe the follow-up activities. Explain how the activities will help teachers implement standards and/or common assessments from the course of study into their classrooms to improve student learning. | | Facilitator or Lead for the Activity, Affiliation (if IHE, include Dept.), and Location (school, district, or higher ed. institution) | List the courses for which this is required follow-up; tell if it is open to others in the district(s) and/or if it is designed as PD not related to a specific course. |
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| Please provide a summary of the STEM initiatives in all partnering district(s) and an explanation of how the proposed activities align and complement the work (i.e. professional learning community work on incorporating the Standards for Mathematical Practice into lessons, curriculum mapping, alignment, unit planning, development of STEM instructional leaders, etc.) | | | | | |
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**Grant Close-Out Activities:** Briefly summarize the projected outcomes, evaluation measures, how the data will be collected and by whom, and how, when, and who will report this data. If the data collected will impact the FY18 Annual Performance Report (APR) for the partnership, indicate who will complete the APR.

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1. **Evaluation Plan**

This section describes how the goals and objectives of your project will be met and evaluated.

**Program Level:** Each partnership is expected to cooperate with the following data collection activities: (1) end-of-course report packages including enrollment and completion rates, email addresses for all participants, individual pre/post course content knowledge assessment results, and completed participant end-of-course surveys; (2) annual partnership interviews; (3) annual participant survey; (4) student performance data relative to partnership-developed student growth measures. More detailed instructions will be provided as grant activities unfold. No specific action relative to the program evaluation is needed for this proposal; the district’s awareness of and willingness to participate is all that is needed at this time. More information can be found in the MMSP Evaluation Approach for Partnerships document located in the RFP.

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| Please confirm that you will cooperate with data collection/evaluation activities: |

**Attach student growth measures, rubrics, and protocols  
developed for all completed courses.**

**Course Level:** Partnerships must administer at a minimum a pre/post knowledge assessment for each course and submit:

* participant results to the evaluator as described above, and
* assessment instruments and protocols as attachments to the Project Evaluation Report (PER), when it is requested.

All professional development funded by this grant program will be implemented in accordance with Massachusetts Standards for Professional Development. Describe how the professional development course(s) of the partnership will address standard 4: “HQPD is assessed to ensure that it is meeting the targeted goals and objectives.” More information can be found in the Massachusetts Standards for Professional Development located in the RFP.

* 1. Describe the intended formative assessment(s) to be used to measure progress toward goals and learning objectives, and describe how the findings from the formative evaluations will be used to improve the quality and result of the Professional Development.

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* 1. Describe the intended summative assessment(s) to be used to measure progress toward goals and learning objectives, and describe how the findings from the summative evaluation will be used to improve the quality and result of the Professional Development.

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1. **Project Timeline**

Include a monthly timeline for implementation of this year‘s activities, including estimated course start dates, course end dates, leadership meetings, planning/designing meetings, data review meetings, and follow-up activities. Insert rows as needed.

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| **Timeline for Implementation, FY18** | | |
| **September 2017** | | |
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| **October 2017** | | |
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| **November 2017** | | |
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| **December 2017** | | |
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| **January 2018** | | |
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| **February 2018** | | |
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| **March 2018** | | |
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| **April 2018** | | |
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| **May 2018** | | |
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| **June 2018** | | |
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| **July 2018** | | |
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| **August 2018** | | |
|  |  | **Activities** |
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1. **Budget Breakdown**

In the table below, include only expenditures for FY18 (September 1, 2017 to August 31, 2018). Proposals for FY18 must include the allocation of 10% of the grant request for the state evaluator. The budget items, entered in the tables below, should be tied clearly to the scope and requirements of the project. The budget information should identify the items used in determining the amounts shown on the separate required Budget.

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| **Partnership Staff Budget Information**  For partnership staff expenditures, include name, institution, primary type of activity (such as program coordination, course planning and instruction, evaluation, onsite support of teachers in their classroom, travel, etc.), rate per hour or day, and number of hours/day where applicable. Use multiple lines for the same person if different rates apply for different activities. Insert rows as needed. | | | | | |
| **Name of Partnership Staff and Institution** | **Type of Activity** | **Rate per Hour/Day** | **Number of Days** | **Number of Hours** | **Total** |
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| **Total Staff Expenditures** |  |  |  |  |  |

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| **Materials, Supplies, Incentives, Indirect and Other Costs**  Specify the materials, supplies, and incentives (stipends, graduate credits, MTEL, or substitutes) reported in the required Budget form. Include the cost per unit and number of units. Add Indirect Costs in this table. Insert rows as needed. | | | | |
| **Course/Activity** | **Material, Supply, or Incentive** | **Cost per Unit** | **Number of Units** | **Total** |
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| **Total Materials, Supplies, Incentives, and Indirect Costs** |  |  |  |  |

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| **Fund Allocation by Partner**  Approximate the amount of funding allocated to each partner. The total should be equal to the total funds requested. (Insert rows as needed.) | | |
| **Partner Name** | **Funds Requested** |  |
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| UMass Donahue Institute (statewide evaluation) 10% |  |  |
| **Total Requested:** |  |  |