|  |  |
| --- | --- |
| **Name of Grant Program:** **The MTSS Partnership Continuation Grant** | **Fund Code:** 246 |

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

***Program Description (Limit 3 pages)***

A. Please provide a brief description of how you will be using the FY18 MTSS grant funding.

B. Please reflect on your experience in The Partnership Project (TPP) over the course of the last few years and share the following:

a. An accomplishment (or accomplishment(s) that you and your team(s) are most proud of that flow out of your involvement in The Partnership Project.

b. Key challenges you are still in the process of addressing.

c. Your expectation about the ways in which your district and participating schools are likely to sustain and/or extend the progress you have made so in developing district-wide systems of supports for all students academic, behavioral and social emotional needs once grant funding ends.