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| **Name of Grant Program:** Safe and Supportive Schools Grant | **Fund Code:** 335 |

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| PART III – REQUIRED PROGRAM INFORMATION – TEMPLATE FOR DRAFTINGInformation requested in this document must be submitted online per the instructions in the Funding Opportunity documents. |

**Category A: Action Planning**

(Applicants for this category must submit the information from the chart below and responses to Questions A1 – A3 on pages 2-3 of the original version of this document online per the submission instructions in the funding opportunity document.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Amount Requested**  **($20,000 maximum per district, $10,000 maximum per school):** | | **School Year** | | | | **Summer**  **(Funds should only be proposed to be used to continue action planning.)** | |
| $ | | | | $ | |
| **District:** | |  | | | | | |
| **Program Coordinator Name/Title:** | |  | | | | | |
| **Address:** | |  | | | | | |
| **Phone:** |  | | **Email:** | |  | | |
| **Total number of schools to participate in action planning by this grant:** | | | |  | | | |
| Please list each school that will complete the BHPS Tool and develop an action plan through this grant: (*add rows if needed)* | | | | | | | |
| **School** | | | | | | | **Grades Served** |
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1. **School Readiness and Rationale**

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| **[COPY AND PASTE FOR EACH SCHOOL PROPOSED TO PARTICIPATE IN THE GRANT]** | |
| **School** | |
|  | |
| **Describe the school wide initiatives that currently promote safe and supportive learning environments.** |  |
| **Describe the culture and climate of the school as it currently exists.** |  |
| **Describe how the school collects data on school climate and uses the results of the data.** |  |
| **Describe the need to create a safe and supportive learning environment for the school.** |  |
| **Describe the rationale for using the BHPS Tool in this school.** |  |
| **Describe how the school leadership team (principal, assistant principal, etc.) is or will be involved in the self-assessment and planning processes, and the extent to which this work is a school priority.** |  |
| **Describe efforts to ensure staff, student, and family voices are included in the self-assessment and planning processes.** |  |

1. **School and District Based Teams**

The BHPS Tool is designed to assess current activities and strategies that the staff and programs in your school engage in to create a supportive school environment. This Tool is intended to assist with documenting current practices that support students` behavioral health at all intervention levels, ranging from creating supportive school environments, to early interventions, to responding effectively to individual students who require more intensive services. It is crucial to include various stakeholders in completing the Tool as a team. For example, roles may include but are not limited to school nurses, counselors, parents, teachers, student support staff, community partners, students, etc.

1. **School Based Team(s):** Below, provide the names (if known), or provide the roles of the anticipated members of each school’s team. Please indicate the team’s leader/facilitator with an asterisk (\*).

**[COPY AND PASTE FOR EACH SCHOOL PROPOSED TO PARTICIPATE IN THE GRANT]**

|  |  |
| --- | --- |
| **School Name:** |  |
| **Name (if known)** | **Title or Role** |
|  |  |
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1. **District Based Team:** Below, provide the names (if known), or provide the roles of the anticipated membership of district based team.

|  |  |
| --- | --- |
| **Name (if known)** | **Title or Role** |
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1. **Project Process and Timeline**

Describe the process that the district and school teams will use to complete the Tool and develop action plans. Please include a timeline of anticipated dates for grant activities such as convening the school team(s), responding to the questions in the Tool, determining areas to prioritize for improvements, and finalizing an action plan. Applicants may also include anticipated timelines for implementing the action plan, and assessing progress regarding the plan. Timelines should indicate what will occur during the current school year (by June 30, 2018) and what will occur beyond that timeframe, if applicable.

**[END OF APPLICATION FOR CATEGORY A]**

**Category B: School Based Implementation**

(Applicants for this category must submit the information requested in the chart below and responses to Questions B1 – B4 on pages 4-6 of the original version of this document online per the submission instructions in the funding opportunity document.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Amount Requested**  **($20,000 maximum per district, up to $10,000 per school):** | | **School Year** | | | **Summer** | |
| $ | | | $ | |
| **District:** | |  | | | | |
| **Program Coordinator Name/Title:** | |  | | | | |
| **Address:** | |  | | | | |
| **Phone:** |  | | **Email:** |  | | |
| **Total number of schools to participate in implementation through this grant:** | | | |  | | |
| Please list each school applying for the grant and the grades served: (*add rows if needed)* | | | | | | |
| **School** | | | | | | **Grades Served** |
|  | | | | | |  |
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|  | | | | | |  |

**B1. Participating Schools**

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| --- | --- | --- | --- |
| **[COPY AND PASTE FOR EACH SCHOOL PROPOSED TO PARTICIPATE IN THE GRANT]** | | | |
| **School** | | **Grades Served** | |
|  | |  | |
| When did the school and district engage in the process of completing the BHPS Tool and developing its action plans?  **Reminder:** *School and District action plans must be submitted as part of the competitive grant (see below.)* |  | | |
| For each of the BHPS Framework sections, briefly describe the strengths and areas for that were discovered during the self-assessment and action planning process. | | | |
|  | **Strengths** | | **Areas for Growth** |
| **Leadership:** |  | |  |
| **Professional Development:** |  | |  |
| **Access to Resources:** |  | |  |
| **Academic & Non-Academic Activities:** |  | |  |
| **School Policies, Procedures & Protocol:** |  | |  |
| **Collaboration with Families:** |  | |  |
| Describe both challenges AND successes to date in implementing the submitted action plans created based on the BHPS TOOL. |  | | |

**B2. School and District Action Plans**

1. Describe the extent to which school and district action plans are aligned with other district and school plans, including but not limited to district and school improvement plans (if applicable).
2. Submit action plans per instructions and guidelines below.

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| **School Action Plan(s):** Action plans must be submitted as per the application instructions and include the following:   1. Priority areas (1-3 strategies/initiatives prioritized from the identified areas for growth)   And for each priority listed:   1. Anticipated outcomes 2. Processes, strategic steps, and benchmarks set to achieve outcomes 3. Person responsible for holding staff accountable 4. Current data used to measure priority success |
| **District Action Plan:** Please submit separately the district’s action plan. Action plan must include the following:   1. Priority areas (1-3 strategies/initiatives prioritized from the identified areas for growth)   And for each priority listed:   1. Anticipated outcomes 2. Processes, strategic steps, and benchmarks set to achieve outcomes 3. Person responsible for holding staff accountable 4. Current data used to measure priority success |

**B3. School Based Implementation**

1. **Rationale for School Based Implementation:** Below, provide details regarding specific fund use, rationale for funding it, and who (if known) will be leading that effort.

**[COPY AND PASTE FOR EACH SCHOOL PROPOSED TO PARTICIPATE IN THE GRANT]**

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| --- | --- | --- | --- |
| **School** | |  | |
| **Activity** | **Rationale** | **Indicate who will lead this effort**  **(if known)** |
| *Describe the specific initiative/program/professional development/material/resource that will be funded by the grant.* | *Explain the rationale for funding the activity.* | *If known, write who will lead this effort, such as a specific organization or vendor.* |
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1. **School Based Team(s):** Below, provide the names of the anticipated member(s) and role(s) of people to be in charge of managing and coordinating school based implementation.

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| --- | --- | --- | --- |
| **Name** | **School** | **Title or Role** | **Indicate if Facilitator** |
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**B4. Project Timeline**

Indicate anticipated dates/timeframes for implementing grant activities such as: discussing the needs of the school, revisiting priority areas of the action plan, implementing the action plan, and assessing progress. Timelines should indicate what will occur during the current school year (by June 30, 2018) and what will occur beyond that timeframe, if applicable.