# PART III – REQUIRED PROGRAM INFORMATION

**A. District/Program Information**

| **District/Entity:** |  | | | **Program Coordinator:** | | |  | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Email Address:** | |  | | | | | | | |
| **Sites included in this application** | | **Site #1** | | | **Site #2** (If applicable) | | | | |
|  | | |  | | | | |
| Programs must offer a daily nutritious snack; breakfast (if applicable) and lunch that meets the requirement of the [United States Department of Agriculture (USDA) National School Lunch Program](http://www.fns.usda.gov/cnd/About/AboutCNP.htm). Confirm that these will be provided. | | | | | | | | ***Yes*** | ***No*** |
|  |  |
| Recipient of an FY17 Summer Enhancement Grant | | | | | | | | ***Yes*** | ***No*** |
|  |  |
| ***Please Note:* Complete the funding chart below for each site you are applying for with a maximum of two (2) sites.** | | | | | | | | | |
| **Base amount of enhancement funds requested**  ***Up to $20,000/site*** | | | ***Site 1 Name:*** | | | **Site 2 Name:** | | | |
| ***$*** | | |  | | | |
| **Total FY18 21st CCLC grant funds to be used to support the enhanced summer program** | | | ***$*** | | |  | | | |
| ***Total Value of In-Kind Services*** | | | ***$*** | | |  | | | |
| ***Total other funding sources (non-21st CCLC)*** | | | ***$*** | | |  | | | |
| ***Total Program Cost*** | | | ***$*** | | |  | | | |
| **Projected cost per pupil served**  (Projected students to be served / Total program cost) | | | ***$*** | | |  | | | |

1. Identify priorities and the elements of the district’s existing improvement, turnaround, and/or other strategic plans that this grant will support (e.g., academic, social-emotional learning, wellness, etc.). Include the reason(s) for prioritizing the chosen site(s) proposed to be enhanced. Include ways in which the enhanced summer program will collaborate with other district/school summer initiatives in order to align and leverage resources, improve program quality, and develop shared outcomes for success. **Note:** If you are a CBO, you should be working with the school/district to identify these needs.
2. Describe the actual investments of the lead organization and other funding sources that will be leveraged to supplement the grant award and to support services. **Note:** Use of space for the school site in which the program is held is not considered in-kind. However, use of space or facilities in the community can be listed.
3. If you are a previous recipient of a FC647-B4 Summer Enhancement Grant, describe lessons learned and how those lessons have been applied to this application.

**B. Site Specific Information**

**Instructions:**  Please address each of the following questions within the indicated word/page limits ***for each site***. Responses should be provided within this document, without changing the format or font size, and leaving the questions next to or above each response.

| **Site Name:** | |  | | | | **Site Type:** | | | |  | **OST** |  | **ELT** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Site Coordinator/ Contact:** | |  | | | | **Email Address:** | | | |  | | | | |
| **Please select from the following options** | | | | | | | | | | | | | | |
| **Recipient of an FY17 B4 Grant and will continue to offer at least 120 hours** | | |  | **Adding**  **Additional Time** | | |  | | **Increasing the number of students served by 25 percent** | | | | |  |
| **Number of unduplicated students served during the summer of 2017** | | | | | | | | | | | | | |  |
| **Number of unduplicated students expected to be served during the summer of 2018** | | | | | | | | | | | | | |  |
| **Recipients of a FY18 FC 647 Grant - Complete the Information Below** | | | | | | | | | | | | | | |
| **Total number of hours originally planned for summer 2018** | **Total number of weeks originally planned for the summer 2018** | | | | **Total number of hours to be offered with enhancement funds in summer 2018** | | | **Total number of weeks to be offered with enhancement in summer 2018** | | | | **Percentage increase of program hours** | | |
|  |  | | | |  | | |  | | | |  | | |
| **Recipients of a FY17 FC 646 or 645 Grant - Complete the Information Below** | | | | | | | | | | | | | | |
| **Total number of hours offered in summer 2017** | **Total number of weeks offered in summer 2017** | | | | **Total number of hours to be offered in summer 2018** | | | **Total number of weeks to be offered in summer 2018** | | | | **Percentage increase of program hours from summer 2017 to 2018** | | |
|  |  | | | |  | | |  | | | |  | | |

1. **PROGRAM DEVELOPMENT AND IMPLEMENTATION (6 page maximum)**

Provide the following information about the program and services that will be delivered.

1. **Project Narrative:** Provide a brief narrative in 300 words or less of what a typical day will look like in the proposed summer program. Include how SEL will be intentionally incorporated into teaching practices, how programming will reflect the culture and background of youth and reflect a variety of learning needs and styles.
2. If applicable, describe the plan for adding the additional hours (e.g. additional day each week to the schedule, expanding from half day to full day, etc.) and the rationale for the selection.
3. Use the chart below to provide the proposed daily hours of operation for the proposed site.

| **Program Dates** | | **Program Times** | | **Days of week** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start Date: |  | From: |  | Mon | Tues | Wed | Thurs | Fri |
| End Date: |  | To: |  |  |  |  |  |  |

1. **Student Outreach:** Describe planned strategies for student outreach and sustained attendance levels that will ensure that the select population (students in high need groups and those in need of additional supports) will be served and meet the required average minimum of 80 percent of total attendance hours. Reminder: students must enroll and participate for the entire length of the summer program. If you selected the **Increasing numbers of students served by 25 percent option, provide** the rationale for this selection.
2. **Program Design:** Describe in detail how the program will build on the success of both the summer of 2017 (if applicable) and the FY18 school year program. Include the primary focus (foci) of the summer program [e.g., pre-K to K, middle or high school transition support, PBL/SL, Science, Technology, Engineering & Mathematics (STEM), 3rd grade reading, literacy, college and career awareness, workforce readiness, etc.].

* Use the “Planned Activities” chart found on page 4 to describe plans to provide innovative **academic enrichment (cohesive blending of academic learning and enrichment activities.** *Please note* that a **minimum of 24 hours over 4 weeks** should be dedicated to implementing PBL or SL.

1. **If Applicable- Additional Coaching Opportunity -–SL Planning and Implementation Coaching-** Applicants selecting this option will receive coaching to develop and provide SL that incorporates strong academic rigor, student ownership, and community partnerships. The specifics related to topics students will explore and projects they will implement will be developed as part of this process. Please note the site(s) for which you would like to be considered for receiving on site coaching. Use the table below to list the 3-5 team members who will participate in the coaching sessions and the dates of the SL training attended or scheduled to attend. If applicable, indicate with an \* any members that have gone through a similar TA/coaching process with the Department during the summer of 2017 or through the ASOST grant.

| Site 1 |  | | Site 2 |  | |
| --- | --- | --- | --- | --- | --- |
| Team Members | | Date of SL Training attended or Plan to attend | Team Members | | Date of SL Training attended or plan to attend |
|  | |  |  | |  |
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| 1. **Planned Activities-** Use the chart below to describe creative and innovative practices that will be enhanced or added as a result of this funding.   **Academic Enrichment and Engaging Instructional Practices:** *These practices should be**thoughtfully planned so as to deepen student engagement, integrate academics tho****ugh cross curricular programming,*** *support social emotional learning, and build 21st Century skills. Please consider this when formulating your response.* *Please note* that a **minimum of 24 hours over 4 weeks** should be dedicated to implementing PBL or SL. | | | |
| --- | --- | --- | --- |
| **Provide brief descriptions/examples of planned, enhanced, or new academic enrichment opportunities that will be offered during the summer of 2017 (add rows as needed).**  **For each opportunity, please include a description of:**   * The engaging instructional strategies to be used. * How the offering meets an identified need/gap in services. * Specific examples of ways in which the learning and developmental needs of the participants will be supported. | **Content Area Addressed** | **Indicate whether offering is:**   * Enhanced * New * Existing | **Indicate if PBL or SL** |
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1. **Staff Qualifications (1 page maximum)**
2. Describe the staffing for the proposed program and services. Include the following:
3. plans for quality personnel recruitment and retention;
4. how the applicant will ensure that staff have the necessary qualifications to meet the diverse needs of the target population;
5. student: staff ratios; and
6. amount of planning time provided per hour of teaching.
7. Complete the charts below detailing staff credentials.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of staff that will be utilized** *(Check all that apply):* | | | |
| **School day**  **full-time** | **School day**  **part-time** | **Out-of-School Time**  **Educators** | **Other**  **(please specify)** |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indicate the projected number of certified teachers in the following areas:** | | | | | | |
| **Math** | **ELA** | **Science** | **Art** | **History/ Soc. Sci.** | **Health/PE** | **Other (List Licensure)** |
|  |  |  |  |  |  |  |

1. **COMMUNITY PARTNERSHIPS/CONTRACTED PROVIDERS (1 page maximum)**
2. Describe the current partnerships as they relate to the implementation of the summer program.
3. If applicable, describe plans to cultivate new or expand opportunities for building and strengthening partnerships.
4. If applicable, describe the criteria that was (or will be) used in the selection of contracted providers.
5. Complete the chart below:

|  |  |
| --- | --- |
| **Partners/Outside Contractors** | |
| **Partner/Contractor Name** | **Area of Expertise/Role in Summer Program** |
|  |  |
|  |  |
|  |  |
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1. **PROFESSIONAL DEVELOPMENT (1 page maximum)**

The Department is dedicated to helping educators improve their practice through participation in [High Quality Professional Development (HQPD).](http://www.doe.mass.edu/pd/) High Quality Professional Development is a set of coherent learning experiences that is systematic, purposeful, and structured over a sustained period of time with the goal of improving teacher practice and student outcomes.

1. Describe the types of professional development that will be provided to staff, partners, and providers in order to improve practices. Include the following:
   * Total number of hours of professional development to be provided; and
   * The amount of planning time to be provide, including if partners and contractors will be participating in common planning time with program staff. Note for those selecting the PBL or SL option, describe planning time as it relates to other program offerings.
2. If applicable, describe how qualified volunteers will be used to support the proposed activities.
3. **ACCOUNTABILITY AND EVALUATION (1 page maximum)**
4. Select the academic outcome the program will be measuring. The district and school curricular priorities, school improvement plan, and students’ needs should guide the items selected. Please note how the academic outcomes will be measured – grantees may use the **S**urvey of **A**cademic **Y**outh **O**utcomes (SAYO) evaluation instrument and/or a local benchmark assessment.

| **Academic Outcomes (Select one outcome)** | | | |
| --- | --- | --- | --- |
| **Mathematics** |  | **English/Language Arts** |  |
| **Academic Measure** |  | | |

1. During the summer months grantees are required to use the **S**urvey of **A**cademic **Y**outh **O**utcomes (SAYO) evaluation instrument to measure a minimum of three SEL outcomes. From the list below s*elect the three (3) SEL Outcomes for which you will be collecting data.*

|  | **Critical Thinking** (Includes: interpret and explain new information, identify relationships between ideas, evaluate validity of arguments and claims / information effectively, draw conclusions or hypotheses, explain conclusion and how it was reached, articulate own position or bias, & identify alternative perspectives) |
| --- | --- |
|  | **Engagement in Learning** (Includes: staying on task, interested in learning new things, & participates in classroom activities) |
|  | **Leadership** (Includes: interpret and explain new information, motivated to learn, identifies ways in which she/he is a leader, comfortable speaking in front of others, able to accomplish tasks, able to be organized,& displays ethical consideration in decision making |
|  | **Perseverance** (Includes: goal setting, identifies manageable steps to achieving goals, sticks to a plan to complete a task, makes continued attempts to complete a task identifies connections between current task and future goals, & able to understand that at times there is value in knowing when to quit) |
|  | **Self Regulation** (Includes: able to work independently, Is able to regain control of behavior or adjust behavior when given warning, able to focus and remain on task) |
|  | **Relations with Adults** (Includes: discussing interests or ideas, showing respect, and seeking assistance) |
|  | **Relations with Peers** (Includes: works well on cooperative tasks, able to compromise with peers during times of disagreement or conflict., & makes friends) |

1. Describe the process used in selecting the academic and SEL outcomes and how they support the district and school curricular priorities, school improvement plans, and students’ needs.
2. **TIMELINES** **(1 page maximum)**

Include a brief timeline for continued program planning, program implementation and evaluation.

1. **BUDGET/BUDGET NARRATIVE**

**Use the Part II - Budget (II-A) and Budget Narrative (II-B) Excel Workbook provided in the Funding Opportunity RFP’s *Required Forms* section.**

**Program Expenditures**

In constructing the budget, please note that all costs must be ***reasonable and necessary*** to implement the program activities. Applicants must complete both a budget (Upon Approval (Not before 4/1/18) - August 31, 2018), and a budget narrative that demonstrates clear and specific links to the project activity plan. No more than 10 percent of the total budget may be used for materials and supplies.

Funds allocated under this federally funded grant program may be used only to supplement, not supplant, funds that local educational agencies, schools, and community-based organizations would otherwise expend for extended learning opportunities including summer. Rental of space, cash stipends to students to attend the program, cell phones, telephone and utilities, overhead costs and the purchase of materials that are used during the school day are not allowable expenses under this grant. **Note:** If you plan to use funds to hire contracted providers you must include a detailed budget and narrative for each contractor.