|  |
| --- |
| **PART III - REQUIRED PROGRAM INFORMATION FISCAL YEAR 2017-2018 (FY18)** |

*In order to keep consolidated the continuation grant process for grantees that receive 21st CCLC funds from the Massachusetts Department of Elementary and Secondary Education (Department) through multiple fund codes, there is one application for recipients of any the following:*

* *Competitive new site grants through Fund Code (FC) 647-B1,* *FY 16 (ELT & OST)* & *FY17 (ELT & OST)*
* *Competitive exemplary programs grants through* *FC 647-B2,*  *FY16* & *FY17* (ELT & OST)

***Instructions for completing Part III:***

* *All applicants should respond to Sections I-VI below (in this document). Applicants in Exemplary status (awarded FY17 and/or FY16 FC 647-B2 grants) should also complete Section VII (in this document).*
* *ELT sites* ***DO NOT*** *need to complete Section II* SCHOOL/SITE DATA REPORTING *(in this document)*.
* *ELT sites should provide responses that address overall implementation of ELT, and in particular highlights implementation of programming supported with grant funds.*
* *Section VIII (in this document) provides additional details about completing budgets.*

1. **PROGRAM SUMMARY INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **School District /  Applicant Agency:** |  | | **Program Coordinator / Contact:** | |  | |
| **Phone:** |  | | **Email:** |  | | |
| **Total Number of  ELT FC 645 sites for which you are applying for continuation funding.** |  | **For *ELT* FC 645 sites:**  **Amount requested for SY 9/1/2017 - 6/31/2018** | | | | **$** |
|  |  | **For *ELT* FC 645 sites:**  **Amount requested for Summer 7/1/2017 - 8/31/2018** | | | | **$** |
| **Total Number of  OST FC 645 sites for which you are applying for continuation funding.** |  | **For *OST* FC 645 sites:**  **Amount requested for SY 9/1/2018- 8/31/2018** | | | | **$** |
|  | **For *OST* FC 645 sites:**  **Amount requested for Summer 7/1/2018- 8/31/2018** | | | |  |
| **TOTAL REQUESTED FOR FC 645 (ELT + OST):** | | | | | **$** |
|  | | | | | | |
|  |  |  | | | |  |

1. **PROGRAM REQUIREMENTS**

|  |  |
| --- | --- |
| **REQUIREMENT** | Indicate if these requirements were met.  *For any* ***not*** *met, please provide a brief explanation as to why,* andutilize the chart below in the School/Site Data Reporting Section III. 5. to describe key strategies that will used to address how you will meet this requirement in the coming year. |
| [OST] Did each funded site serve the projected number of participants? |  |
| [OST] Did each funded site serve higher than school-wide percentages of the targeted students that this grant was intended to serve? |  |
| [OST] Did each funded site offer the required minimum in of hours of operation for the school year and summer?  *(For each site that did not offer the required minimum, please indicate in parentheses next to the site how many hours were offered.)* |  |
| [OST] Did each funded site meet the minimum attendance requirements of the grant (Elem= 100 hr, MS= 90 Hrs, HS= 100 hrs)? |  |
| Did each site submit all required data and forms by due dates? |  |
| Did each site meet the minimum required sample size of 50 for the SAYO data collection? (Note: If a site serves less than 50 students everyone should have been sampled). |  |
| For FY17, did each Promising, Practitioner, and Demonstration site meet the mentoring requirements including conducting a peer APT visit and submitting it through Survey Gizmo? |  |

1. **SCHOOL/SITE DATA REPORTING**

* ***OST and ELT complete chart for those SAYO outcomes in which data was collected.***

1. **Please copy and paste this chart and then complete for each site *for which you are applying for FY18 FC 645 funds.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SITE NAME | |  | | | | | If this is an Exemplary Site indicate level (X in Appropriate Box) | | | | | | |
| Prom | | | Prac | Demo | | |
|  | | |  |  | | |
| FY17 [OST] Number of Students  Served | |  | | FY17[OST] Mean Hrs | |  | | FY18 [OST] Projected Number of Students | | | |  | |
| FY17% [OST] SPED | |  | | FY17%[OST] ELL | |  | | FY17 [OST] % Economically Disadvantaged | | | |  | |
|  | | | | | | | | | | | | | |
| **SAYO-Teacher** | | | | | | | | | | | | | |
| **Academic** | **ELA** | | **MATH** | | **HW** | |  | | | | | |  |
| # Students |  | |  | |  | |  |
| Pre Mean |  | |  | |  | |  |
| Post Mean |  | |  | |  | |  |
| % Change Pre to Post |  | |  | |  | |  |
| **SEL** | **Eng. in Learning** | | **Leader- ship** | | **Persev-erance** | | **Self Regulation** | | **Rel. w/ Adults** | | | **Rel. w/ peers** | |
| # Students |  | |  | |  | |  | |  | | |  | |
| Pre Mean |  | |  | |  | |  | |  | | |  | |
| Post Mean |  | |  | |  | |  | |  | | |  | |
| % Change Pre to Post |  | |  | |  | |  | |  | | |  | |
| **SAYO-Staff** | | | | | | | | | | | | | |
| **SEL** | **Eng. in Learning** | | **Leader- ship** | | **Persev-erance** | | **Self Regulation** | | **Rel. w/ Adults** | | | **Rel. w/ peers** | |
| # Students |  | |  | |  | |  | |  | | |  | |
| Pre Mean |  | |  | |  | |  | |  | | |  | |
| Post Mean |  | |  | |  | |  | |  | | |  | |
| % Change Pre to Post |  | |  | |  | |  | |  | | |  | |

1. (Data Analysis): What does data suggest about what *may or may not* be working at each funded site? Keep the following in mind when crafting your response:

* SAYO: Typical expected growth is in the 10-15% range. Did the sample size [e.g., number of youth sampled from each grade] have any effect on the results? Did any outcomes have zero or negative percentage changes? Did any outcomes have particularly high percentage changes (> 25 percent)? Did results vary by differing groups of students e.g., grade levels, students with high /low participation rates, students with special needs, English language learners (ELL), etc.? If so, what might this suggest about the data?
* In addition to SAYO, did you look at district/student benchmark data, school attendance, state assessment growth data, discipline data, etc. for students that participated in funded activities?
* Were administrators and program staff engaged in the data examination process?
* **Note for ELT sites:** Please provide the above requested analysis for both core academic time, as well as the grant-funded programming.

1. (APT observations): Describe the process used to implement the APT (Assessment of Program Practices Tool). Include the APT team members, number of observations conducted, and a synopsis of the findings, (strengths and areas for improvement) for each site. If a site(s) did not conduct the required APT observation, explain why.
2. Based on information provided from Q.2: Data Analysis and Q.3 APT observations (for all sites) as well as information provided in the mid-year report, complete the following *Action Planning Template* on the next page*.* Identify at least one priority under each category for improvement, and be sure to include specific areas of ELA and/or mathematics that are prioritized.

* State EACH specific priority in one to two sentences. Indicate whether it is a new or ongoing priority.
* Briefly outline or bullet the key possible strategies to be implemented for each priority, highlighting the type of programming/support.
* Describe the system/tools that will be used to monitor progress (APT or other district tools)

**Note:** *If different sites in the application will have different program priorities, copy and paste this page and complete one for each site. If all sites have the same priorities, one form can be submitted.*

**III. SCHOOL/SITE DATA REPORTING – continued**

1. **Please complete the following chart:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Specific priority area(s) for improvement:** | **New or Ongoing Priority** | **Key strategies or program changes to be implemented**.  *Please include the types of programming/support to be offered (e.g. service-learning, project-based learning, social-emotional learning, professional development, etc.)* | **How will progress be assessed (APT, other district/school monitoring tools, etc)?** |
| 1. **Academic Outcomes (MCAS/PARCC, Local Assessments, SAYO-T, etc.)** | | | |
|  |  |  |  |
| 1. **SEL Outcomes (SAYO-T and SAYO-S)** | | | |
|  |  |  |  |
| 1. **Youth Outcomes (SAYO-Y)** | | | |
|  |  |  |  |
| 1. **OTHER (may be based on Project Assessment Addendum D)** | | | |
|  |  |  |  |

1. Please describe the type of support program(s) will need from the MA 21st CCLC Program, 21st CCLC Regional Networks, or other source(s) to help staff implement the above-identified strategies for improvement.

**IV. PROGRAM INFORMATION**

1. Complete Addendum D Project Assessment Tool describing and assessing one service-learning (SL) or project-based learning (PBL) activity implemented in FY17 at each funded site.
2. If a site(s) offered blended learning, academic support, and/or homework support describe how the time was used to assist students with a better understanding of content and any changes that will occur in FY18.

*As you are aware, federal law mandates that private school administrators be consulted regarding programs and services provided through the 21st CCLC grant.*

1. Indicate if your site(s) provided services to private schools or private school students/teachers in your geographic vicinity. If yes, describe the service provided. If applicable, include the number of students served from private schools.
2. OST and ELT if applicable, briefly describe plans for providing a summer program. More detailed plans will be required in spring 2018 (likely May).
3. Does your school/program have an emergency medical response plan in place? If yes, describe how you assure the OST/ELT program staff, contractors and partners are trained and school/program protocols and procedures for dealing with an emergency. If no, describe the plans to develop an emergency medical response plan and train staff, partners and contractors. To view a sample plan, see <http://www.doe.mass.edu/sfs/safety/model-emergency-plan.docx>

**V. STAFF/STAFF DEVELOPMENT**

1. If there will be a new district or site level coordinator in FY18, describe their credentials, any previous related experience, and the type of support that will be provided to assist with the transition. If not applicable, indicate NA.
2. Describe the make-up and credentials of the staffing used to support 21st CCLC projects/activities in FY17, and any changes that will occur in FY18.
3. Did/will the district/program provide any of the following Indicate with an “X” any/all that applies?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FY17** | | **FY18** | |  |
| **Yes** | **NO** | **Yes** | **NO** |
|  |  |  |  | **Staff planning time** (If yes, how much time is provided?) (Please Note: The Department strongly recommends providing planning time, including for partners providing programming/activities.) |
|  |  |  |  | **Collaborative planning time** (Please note for ELT: The Department strongly recommends providing planning time planning between partners/contractors and school day personnel.) |
|  |  |  |  | **Staff meetings** (Include how frequently they were/will be held.) |
|  |  |  |  | **Professional development/technical assistance specific to supporting implementation of the 21st CCLC program-** For any PD/TA described, please indicate whether the school district/local program is providing it or if it is desired from the state or regional networks. |
|  |  |  |  | Do the contracted staff and or partners participate in any or all of the above? If yes indicate which areas. |

1. Please highlight any specific projects, programs or strategies that were implemented as a result of participation in state, regional or local PD/training. Please cite the training(s) attended and if it was a state, regional, or locally sponsored workshop.
2. If applicable, please describe the ways in which the coordinator and/or program staff benefitted from a peer visit, mentoring, and/or peer support in from another 21st CCLC program. *(If not applicable, please write NA).*

**VI. PARTNERS/CONTRACTED PROVIDERS**

1. If the program(s) partnered and/or contracted with outside vendors/community-based agencies, describe any training or technical assistance provided and the process used to maintain ongoing planning and communication.
2. Use the chart below to list the Partners/Contracted providers utilized in FY17 \*Partners are defined as individuals or agencies that contribute back to the program and collaborate to achieve mutually beneficial goals.) \*\*Contractors are defined as individuals or agencies that primarily receive payment for services provided. Add additional lines as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Partners/ Contractors** | | | |
| **Partner\*/Contractor\*\* Name** | **Indicate if Partner (P) or Contractor (C)** | **Briefly describe programming provided and how it connected to and supported student needs and selected SAYO outcomes.** | **Will continue in FY18**  **Yes (y)**  **No (N)** |
|  |  |  |  |
|  |  |  |  |

**VI. SUSTAINABILITY**

1. Describe strategies employed to sustain the program beyond the funding cycle including how the 21st CCLC funds are coordinated with other district/local/private funds.

**VII. MENTORING / REGIONAL NETWORKS**

***EXEMPLARY (PROMISING, Practitioner, AND DEMONSTRATION) SITES ONLY***

1. Use **Addendum E** **Exemplary Programs Grant - Mentor Log** to document the required mentoring related activities.

**VIII. BUDGET**

* 1. If you have used grant funds to purchase any type of electronic equipment such as laptops, hand held devices (iPads, Nooks, etc.), camera’s, printers, drones or other type of media equipment it is now required that you have a process in place to inventory and track these items. Please attach to your grant an inventory of electronic items purchased. Describe below how the items were used to enhance the program and learning, and process you currently use, or will be using, to inventory and track electronics purchased with grant funds.

**BUDGET RELATED REMINDERS:**

* All costs must be reasonable and necessary to implement program activities.  Additionally, budget narratives must demonstrate clear and specific links to the project activity plan.  Please be as specific as possible describing budgeted materials and supplies.
* Out of state travel to attend conferences is not allowed, other than for the U.S Department of Education’s 21st CCLC Summer Institute (see below for potential exceptions).
* Field trips are an allowable expense provided they connect to and support program activities and outcomes. Out of state student field trips beyond the local region must be approved in advance by the Department’s 21st CCLC program Coordinator. Field tip expenses should be budgeted under line 9 other costs Memberships/Subscriptions/Computer Licenses.
* Funds allocated under this program may be used only to supplement, not supplant, funds that local schools and community-based organizations would otherwise expend for programs of this type. 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 typically part of the school day are not allowable expenses under this grant.