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

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| PART III – REQUIRED PROGRAM INFORMATION **OPTION TWO: SCHOOL BASED IMPLEMENTATION AND MENTORSHIP/SUPPORT** |

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| **Amount Requested**  **($10,000 maximum per district):** | | **School Year** | | | **Summer (optional)** | |
| $ | | | $ | |
| **District:** | |  | | | | |
| **Program Coordinator Name/Title:** | |  | | | | |
| **Address:** | |  | | | | |
| **Phone:** |  | | **Email:** |  | | |
| If different from the Program Coordinator listed above, write the name and role of the person that will serve as a mentor for Action Planning grantees (or others new to using the Tool). | | | | | | |
| **Name** | | | | | | **Role** |
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1. **FOR PREVIOUS FUND CODE 335 GRANTEES ONLY (**[**FY19**](http://www.doe.mass.edu/grants/2019/awards/335.html) **|** [**FY18**](http://www.doe.mass.edu/grants/2018/awards/335.html) **|** [**FY17**](http://www.doe.mass.edu/grants/2017/awards/335.html)**|**[**FY16**](http://www.doe.mass.edu/grants/2016/awards/335.html) **| FY14\*):**

*\*grantee list from FY14 is available upon request.*

**Skip to section B if Fund Code 335 grant funds have not previously been used to complete the self-assessment and action planning process.**

**Reflection on School Based Action Planning and Implementation:** Below, provide reflections regarding the district’s fund use for the most recently received grant cycle including rationale for funding it, successes, and challenges. If grant funds were only used for convening a team and completing the self-assessment and action plan, please list that in the “Activity” column below and fill in the remaining columns answering the questions in the headers.

**COPY AND PASTE FOR EACH SCHOOL PROPOSED TO PARTICIPATE IN THE GRANT, THEN FILL IN RESPONSES. ADD MORE ROWS AS NEEDED.**

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| --- | --- | --- | --- | --- |
| **School** | |  | | |
| **Year of FC335 Funding** | |  | | |
| **Activity** | **Rationale** | **Successes** | **Challenges** | **Measures of Effectiveness** |
| *Describe the specific initiative/program/professional development/material/resource that was funded by the grant.* | *Explain the rationale/intended outcome for funding the activity.* | *Describe the benefits and successes of the funded activity.* | *Describe the challenges encountered with the funded activity.* | *Indicate what measures were used to measure the effectiveness of this activity.* |
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1. **Reflection on School and/or District Based Implementation:** All applicants should complete this section unless section A was completed and no additional activities were implemented without grant funding.

Below, provide reflections regarding any efforts to implement elements of action plans created from completing the self-assessment that did not require FC 335 grant funds. Please note if these efforts were district wide or school based (note which schools participated). ADD ADDITIONAL ROWS AS NEEDED.

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| --- | --- | --- | --- | --- |
| **Activity** | **Rationale** | **Successes** | **Challenges** | **Measures of Effectiveness** |
| *Describe the specific initiative/program/professional development/material/resource* | *Explain the rationale/intended outcome for the activity.* | *Describe the benefits and successes of the activity.* | *Describe the challenges encountered with the activity.* | *Indicate what measures were used to measure the effectiveness of this activity.* |
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1. **Mentorship/Support for New Tool Users:** Below, provide successes and challenges in utilizing the Tool and creating action plans that you could share with new Tool users.

**PLEASE NOTE THAT RESPONSES SHOULD BE IN COMPLETE SENTENCES AND PARAGRAPH FORM. THE TABLE WILL EXPAND AS YOU TYPE.**

|  |  |
| --- | --- |
| **Behavioral Health and Public Schools Self-Assessment Tool (Tool)** | |
| 1. How did your district and/or school approach utilizing the Tool? Please explain:   -How the team was composed?  -Who participated in the team?  -Who lead the team through completion of the Tool? |  |
| 1. Describe the successes your team had when utilizing the Tool that you would share with a new grantee. |  |
| 1. Describe the challenges your team encountered when utilizing the Tool that you would share with a new grantee, along with any lessons learned and associated guidance you might offer. |  |
| **Action Planning** | |
| 1. How did the team identify priority areas to focus on after completing the Tool? |  |
| 1. Describe the successes your team had in creating an effective action plan derived from the aforementioned priority areas. |  |
| 1. Describe the challenges your team encountered in creating an effective action plan derived from the aforementioned priority areas, along with any lessons learned or any associated guidance you might offer. |  |
| 1. Describe how the school and district has sustained or will sustain the implementation efforts of the action plans. |  |

**C. Mentorship/Support checklist:** Based on previous evaluation information of the Safe and Supportive School Grant FC 335, these are some areas of interest for mentoring/support from previous Tool users. Please check (and/or underline) the topics below on which you would be prepared to mentor a new Tool user:

🞎 School level personnel role

🞎 District level personnel role

🞎 Forming effective school based teams that encompass the whole school/district community

🞎 Facilitating school based or district teams to utilize the Tool

🞎 Buy-in from District leadership

🞎 Gathering data sets to utilize to complete each section of the Tool

🞎 Creating a realistic and feasible timeline for utilizing the Tool

🞎 Analyzing results from the Tool to create priority areas for next steps

🞎 Writing an effective and measurable action plan

🞎 Other (Please describe below) \*

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\**other proposed topics for mentorship/support will need to be approved by Department staff*

1. **School Based Implementation**

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

1. **Rationale for School Based Implementation:** Below, provide details regarding specific fund use, rationale for funding it, and who will be leading that effort. ADD ADDITIONAL ROWS IF NEEDED

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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 this 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. If a team member would like to be added to our contact list (in addition to the grant coordinator) please list their email address with their name. ADD ADDITIONAL ROWS AS NEEDED.

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| **Name and Email** | **School** | **Title or Role** | **Indicate if Facilitator** |
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**E. 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 2019-2020 school year (by June 30, 2020) and what will occur during summer (July 1 – August 31, 2020), as well as beyond that timeframe, if applicable. It is recommended to start the timeline by early November 2019.

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| **Activity** | **Anticipated Start Date** |
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