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| **Name of Grant Program:** Supporting Students’ Behavioral and Mental Health and Wellness | **Fund Code:** 336/613 |

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| PART III – REQUIRED PROGRAM INFORMATION |

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| **District:** | |  | | | | | | | |
| **Grant Contact Name/ Title:** | |  | | | | | | | |
| **Phone:** |  | | **Email:** | | |  | | | |
| **% of students in the** [**Economically Disadvantaged**](http://profiles.doe.mass.edu/statereport/selectedpopulations.aspx) **category (for the district):** | | | | | |  | | | |
| **Number of schools included in this application:** | | | | | |  | | | |
| **Schools:** Please list below the schools included in this application, answer the % Eco. Dis. question, and indicate with a ‘Y’ (for yes) any other applicable elements. | | | | | | | | | |
| **School**  *add rows as needed* | **% of students in the** [**Economically Disadvantaged**](http://profiles.doe.mass.edu/statereport/selectedpopulations.aspx) **(Eco. Dis.) category (for the school) –** *(reminder: competitive priority is given to schools and districts with at least 45%)* | | | **Action plan informed by** [**Safe and Supportive Schools Framework**](http://bhps321.org/)**/ Tool** | **Participating in** [**Systemic Student Support (S3) Academy**](http://www.doe.mass.edu/sfss/prof-dev/?section=s3#accordion) | | [**Designated by the Department (in 2019) as** [**requiring broad/comprehensive or targeted/focused support, as well as districts in receivership**](http://profiles.doe.mass.edu/statereport/accountability.aspx) **and/or schools that are in the** [**lowest 10th percentile**](http://profiles.doe.mass.edu/statereport/accountability.aspx)](http://profiles.doe.mass.edu/statereport/accountability.aspx) | **Receiving (in partnership with community-based providers) the DPH** [**School & Community Based Targeted Intervention Services**](https://urldefense.proofpoint.com/v2/url?u=https-3A__mass.us14.list-2Dmanage.com_track_click-3Fu-3Dd8f37d1a90dacd97f207f0b4a-26id-3D591a44cba9-26e-3Da98e8a6440&d=DwMFaQ&c=lDF7oMaPKXpkYvev9V-fVahWL0QWnGCCAfCDz1Bns_w&r=wC4L9JdnavukGvIBlAnB2l1J1muWVSTrph6CqN1Aqr8&m=c7UEga8Ut47n-4MP841BQnFTQC6I9QL42Y_wu-jaQ4o&s=j_772gSHpe2qv7Fj9t8BhAL_lWkG0kKK22NbST55MPc&e=) **grant; or other funding through** [**DPH/BSAS**](https://www.mass.gov/orgs/bureau-of-substance-addiction-services) **or other state agencies** | |
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| **Will the district (and/or schools) participate in the Department-offered professional development (Category B)? [Yes/No]**  *Districts that choose to participate in Department-offered PD may apply for up to an additional $10,000 to support costs associated with participation  (e.g., stipends, travel, etc.) There will not be a fee associated with participation.* | | | | | | | | |  |
|  | | **Fiscal Year 2019-2020 (FY20)**  **[Upon Approval through June 30, 2020]** | | | | **FY21**  **[July 1, 2020 – June 30, 2021 *subject to continued appropriation*]** | | **Totals (by Category)** | |
| **Category A - Amount Requested:($100,000 max/district)** | | $ | | | | $ | | $ | |
| **Category B - Amount Requested:($10,000 max/district)** | | $ | | | | $ | | $ | |
| **Totals (by Fiscal Year)** | | $ | | | | $ | | $ | |

Please respond to the following questions, in the space below each question, using no more than 10 pages.

1. **District Action Planning and Readiness**
2. Briefly describe the **district’s** efforts (planned or completed) to self-assess and establish action plans related to creating safe and supportive schools.
3. Briefly describe the **district’s** plans for (or current thinking about) systemic changes (policies, practices, resource re-allocation, etc.) to help support sustainability of efforts related to this grant.
4. **Identified Needs:** Briefly describe the challenges the district (and its schools) face in accessing behavioral and mental health services for students. In particular, include information about limited access to mental and behavioral health services, and limited existing financial resources to support these services *(as this is a competitive priority area, as noted in the Funding Opportunity RFP)*.
5. **School Based Implementation** (please respond to these questions for all schools for which the district is applying, providing specifics by school as appropriate)
6. Describe how the work of creating safe and supportive schools is a priority for the school(s) included in this application.
7. Briefly describe the **school-level** efforts (planned or completed) to self-assess and establish action plans related to creating safe and supportive schools.
8. **Goals and Implementation Activities:** Please complete the chart below to describe the goals and related activities to be implemented through this grant. See the Funding Opportunity RFP document for examples of allowable grant activities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal/Priority** | **Implementation Activity(ies)** | **Timeframe for Implementation** | **Anticipated Outcome(s)** | **How will success/improvement be measured?** |
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*Add rows as needed.*

1. **Team:** Describe the overall approach to organizing and coordinating the work of this grant. Include who will be involved, how often they will meet, how the work is embedded in existing team structures for creating safe and supportive schools and access to services, and how progress will be tracked.
2. **Coordination and Partnerships with Community-Based Organizations/Providers:** Describe existing or planned partnerships (and/or proposed efforts to establish or increase partnership efforts) with community-based organizations/providers that support (or will support) the school’s goals and implementation activities.
3. **FY20 Budget Narrative (upon approval – June 30, 2020):** Complete the chart below to describe the proposed costs and how they connect to implementation efforts. Be sure to explain how recurring costs (e.g., fees for community-based services) may be covered after the grant period.

**NOTE: Category B – Participation in Professional Development** Applicants that are applying for funds to support participation in the Department-sponsored PD should include those amounts and descriptions in italics in the Budget Purpose and Explanation column.

|  |  |  |
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| **FY20 Line Item** | **FY20 Line Total** | FY20 Budget Purpose and Explanation |
| Line 1 – Administrators |  |  |
| Line 2 – Instructional/  Professional Staff |  |  |
| Line 3 – Support Staff |  |  |
| Line 4 - Stipends |  |  |
| Line 5 – 4-a MTRS  4-b Other |  |  |
| Line 6 – Contractual Services |  |  |
| Line 7 – Supplies and Materials |  |  |
| Line 8 – Travel |  |  |
| Line 9 – Other Costs |  |  |
| Line 10 – Indirect Cost |  | [**Appendix P Indirect Cost Calculation Worksheet**](http://www.doe.mass.edu/grants/procedure/default.html) |
| Line 11 – Equipment |  |  |

1. **FY21 Budget Narrative (July 1, 2020-June 30, 2021, subject to continued appropriation):** Complete the chart below to describe the proposed costs and how they connect to implementation efforts. Be sure to explain how recurring costs (e.g., fees for community based services) may be covered after the grant period.

**NOTE: Category B – Participation in Professional Development** Applicants that are applying for funds to support participation in the Department-sponsored PD should include those amounts and descriptions in italics in the Budget Purpose and Explanation column.

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| --- | --- | --- |
| **FY21 Line Item** | **FY21 Line Total** | FY21 Budget Purpose and Explanation |
| Line 1 – Administrators |  |  |
| Line 2 – Instructional/  Professional Staff |  |  |
| Line 3 – Support Staff |  |  |
| Line 4 - Stipends |  |  |
| Line 5 – 4-a MTRS  4-b Other |  |  |
| Line 6 – Contractual Services |  |  |
| Line 7 – Supplies and Materials |  |  |
| Line 8 – Travel |  |  |
| Line 9 – Other Costs |  |  |
| Line 10 – Indirect Cost |  | [**Appendix P Indirect Cost Calculation Worksheet**](http://www.doe.mass.edu/grants/procedure/default.html) |
| Line 11 – Equipment |  |  |