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| **Name of Grant Program:** Safe and Supportive Schools Continuation Grant | **Fund Code:** 337 |

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| PART III – REQUIRED PROGRAM INFORMATION |

**School Based Implementation**

REMINDER: Districts are eligible to apply for this Safe and Supportive Schools Continuation Grant to support action plan implementation in one or more of the schools that were funded by FY19 FC 335 Safe and Supportive School Competitive Grants Option 1 (to create action plans using the Safe and Supportive Schools Self-Assessment Framework/Tool).

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| --- | --- | --- | --- | --- | --- | --- |
| **Amount Requested**  **(See Eligibility Section of RFP for maximum amounts)** | | **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** |
|  | | | | | |  |
|  | | | | | |  |
|  | | | | | |  |

1. **Participating Schools:**

**COPY AND PASTE THIS ENTIRE SECTION (A) FOR EACH SCHOOL PROPOSED TO PARTICIPATE IN THE CONTINUATION GRANT**

|  |  |
| --- | --- |
| **School Name:** |  |

1. For each of the Safe and Supportive Schools (SaSS) Self-Assessment Tool sections, briefly describe highlights related to the strengths and areas for growth that were reflected upon during the self-assessment and action planning process.

**Please note that responses should be in complete sentences and paragraph form. Maximum of 150 words per response box.**

|  | **Strengths** | **Areas for Growth** |
| --- | --- | --- |
| **Leadership, Infrastructure, and Culture:** |  |  |
| **Professional Learning Opportunities:** |  |  |
| **Access to Resources and Services:** |  |  |
| **Teaching and Learning:** |  |  |
| **Policies, Procedures and Protocol:** |  |  |
| **Family Engagement** |  |  |

1. Describe both the anticipated opportunities to successfully implement the submitted action plans created based on the SaSS tool as well as potential challenges.
2. Describe how the school will sustain the implementation of the identified priority areas created through using the SaSS Tool beyond this funding cycle?
3. **School and District Action Plans, and School Improvement Plans\***
4. As per the funding line-item, the school-wide action plan(s) shall be incorporated into the school improvement plan(s) developed under section 1I of chapter 69 of the General Laws.

Please describe the extent to which school (and district, if applicable) action plans are already aligned with, informed by, and/or incorporated into school (and district, if applicable) improvement plans. If the extent is minimal, please describe how and when the school-wide action plan will be incorporated into future versions of the school improvement plan(s).

\**School and district action plans should have been submitted based on the instructions from FY19 Fund Code 335 Option 1. These must be submitted prior to applying for this grant. Updated plans may be submitted as well.*

1. **School Based Implementation**

**COPY AND PASTE THIS ENTIRE SECTION (C) FOR EACH SCHOOL PROPOSED TO PARTICIPATE IN THE GRANT**

1. **School Name**: Enter the school information below. Please add additional rows if other team members would like to be included on our contact list.

|  |  |  |
| --- | --- | --- |
| **School name** | **Contact Name** | **Contact Email** |
|  |  |  |

1. **Rationale for School Based Implementation:** Below, provide details regarding specific fund use, rationale for funding it, and who will be leading that effort. *If more than one school will be participating in an activity, please place an asterisk beside the activity. When completing this section for additional schools, please write “see above” for repeated activities.*

|  |  |  |
| --- | --- | --- |
| **Activity** | **Rationale** | **Indicate who will lead this effort** |
| *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. **Additional School Based Implementation**: Below, provide details regarding any additional activities related to the action plan that these grant funds will not be used to implement (for example: professional development that will take place related to safe and supportive learning environments that is funded through the district’s professional development budget).

| **Activity** | **Rationale** | **Indicate who will lead this effort** | **Funding Source** |
| --- | --- | --- | --- |
| *Describe the specific initiative/program/professional development/material/resource.* | *Explain the rationale for funding the activity.* | *If known, write who will lead this effort, such as a specific organization or vendor.* | *If known, indicate the funding source that will be used.* |
|  |  |  |  |
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1. **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 2019-20 school year (by June 30, 2020) and what will occur beyond that timeframe, if applicable.