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| **Name of Grant Program:** **High School Voter Registration and Pre-Registration** | **Fund Code:**  **575** |

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| PART III – REQUIRED PROGRAM INFORMATION |

**DIRECTIONS FOR THIS FORM:**

* Address all applicable areas of Part III.
* As per the RFP, all grant application documents, including this Part III and any supplemental information, must be **EMAILED** [Cecelia.Spencer@doe.mass.edu](mailto:Cecelia.Spencer@doe.mass.edu) **no later than 5:00 PM on Friday, March 6, 2020**.

**GENERAL INFORMATION:**

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| **LEA NAME:** |  |
| If submitting as multiple LEAs, list all LEAs included in the grant application. |  |
| **PRIMARY GRANT CONTACT:** | **Name:** |
|  | **Email:** |
| **ADDRESS:** |  |
| **SIZE TIER OF LEA:**  *Size Tier 1: LEA with 1 high school*  *Size Tier 2: LEA(s) or partnerships with 2 to 5 high schools*  *Size Tier 3: LEA(s) or partnerships with 6 to 12 high schools*  *Size Tier 4: LEA(s) or partnerships with greater than 12 high schools* |  |
| **AMOUNT REQUESTED:** |  |

**A. COMPETITIVE PRIORITY:** Check off any competitive priority areas applicable to the LEA or partnership.

| * This grant application is a partnership between multiple LEAs. With limited funding available, partnerships are attractive for maximizing the reach of the grant. LEAs that form a partnership should identify one LEA to apply for the grant as the fiscal agent for the group * Greater than 30% of the student population is designated as economically disadvantaged |
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**B. PROJECT DESCRIPTION and ANTICIPATED TIMELINE**: **Describe the proposed activities for which these grant funds are sought and provide the anticipated timeline of activities**.

* Describe the specific proposed grant activities
* If applying as a multi-district partnership, identify all LEAs participating in grant activities.
* If the application involves partnering with a voter registration or voter education organization, describe how the proposed vendor will strengthen, expand, or extend the specific outcomes of this grant that, in the absence of a vendor, would not be possible.

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| **B. Proposed Activities Narrative** |

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| **B. Anticipated Timeline of Activities** | |
| **Grant Activity** | **Anticipated Completion Date** |
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**C. SCALE of IMPACT:** Explain the number of students who will be involved in or benefit from the proposed grant activities. Describe how the grant will impact these students.

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| **C.** |

**D: COORDINATION WITH CITY OR TOWN CLERK:** Briefly summarize current or anticipated coordination with the city or town clerk responsible for processing voter registrations and pre-registrations. If the city or town clerk has already committed to supporting grant activities, describe the clerk’s role.

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| **D.** |

**E: EVALUATION OF GRANT ACTIVITIES:** Describe the outcome goals for grant activities and how the LEA or partnership will assess grant success. Note: DESE will be evaluating overall grant impact across all grantees.

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| **E.** |

**F. CONTACT INFORMATION**: List the name(s) and position(s) of the primary contact and **TWO** additional individual(s) who may be contacted regarding this proposal.

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| --- | --- | --- | --- |
| **Name** | **Position** | **Email Address** | **Phone No.** |
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