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

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| PART IIIB – REQUIRED PROGRAM INFORMATION (FY2021) **OPTION TWO: IMPLEMENTATION AND MENTORSHIP/SUPPORT** |

NOTE: Only fill out this document if applying for **OPTION TWO: IMPLEMENTATION AND MENTORSHIP/SUPPORT**. *If applying for OPTION ONE: Action Planning, please only fill out Part IIIA.*

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| **Amount Requested**  **($10,000 maximum per district):** | | | | **School Year** | | | | | **Summer (optional)** | |
| $ | | | | | $ | |
| **District:** | | | |  | | | | | | |
| **Program Coordinator Name/Title:** | | | |  | | | | | | |
| **Address:** | | | |  | | | | | | |
| **Phone:** | |  | | | **Email:** | |  | | | |
| **Fiscal Contact**  **Name/Title** | | |  | | | | | | | |
| **Phone** |  | | | | | **Email** | |  | | |
| **Superintendent/ Charter School Leader/ Collaborative Leader**  **Name/Title** | | |  | | | | | | | |
| **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 (FC) 335 GRANTEES ONLY (**[**FY2020**](http://www.doe.mass.edu/grants/2020/awards/335.html)**\* |** [**FY2019**](http://www.doe.mass.edu/grants/2019/awards/335.html) **|** [**FY2018**](http://www.doe.mass.edu/grants/2018/awards/335.html) **| FY2014-FY2017\*):**

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

*\*NOTE: FY2020 FC 335 grantees are all eligible for FY2021 FC 337 continuation grants to support schools participating in the FY2020 FC 335 grant. Those entities can only apply for this FY2021 competitive FC 335 grant as well if proposing action planning or implementation in (and mentoring provided by) one or more additional participating schools in the district. Grantee lists from FY14, FY16, and FY17 are available upon request.*

**Reflection on School 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 (grant funded)** | **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 Level 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-focused (note which schools participated). ADD ADDITIONAL ROWS AS NEEDED.

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| --- | --- | --- | --- | --- |
| **Activity (not grant funded)** | **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.

**THE TABLE WILL EXPAND AS YOU TYPE.**

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| --- | --- |
| **Safe and Supportive Schools Self-Reflection Tool (Tool)**  *Please note, the Tool was formerly (prior to 2018) referred to as the Behavioral Health and Public Schools Self-Assessment Tool, please respond to these questions based on your experience using either version of the 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 or other Tool user. |  |
| 1. Describe the challenges your team encountered **when utilizing the Tool** that you would share with a new grantee or other Tool user, 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, including any adaptations that are needed or anticipated associated with the COVID-19 pandemic, equity goals, including racial equity, and remote or hybrid learning. |  |

**D. Previous Mentorship/Support**

Some schools and districts have provided mentorship or support over the past two years (though and outside of this grant program). Please list any activities anyone in your district has engaged in to provide guidance, support, or to share information with other school and districts, the Department of Elementary and Secondary Education (Department), or the Safe and Supportive Schools Commission (Commission). Please add additional rows if needed.

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| Mentor/Support Activity | Type of activity (e.g., conference presentation, call with a district, presentation to the Commission etc.) | Approximate date or dates | Participants (e.g., district name if known, Department staff or office, etc.) |
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**E. School-Level Implementation**

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

1. **Rationale for School-Level 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 Name** | |  |
| **Grades Served** | |  |
| **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 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-focused 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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**F. 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 2020-2021 school year (by June 30, 2021) and what will occur during summer (July 1 – August 31, 2021), as well as beyond that timeframe, if applicable. It is recommended to start the timeline by early November 2020.

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| **Activity** | **Anticipated Start and End Date** |
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