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| **Name of Grant Program:** Healthy Schools for Student Success | **Fund Code:** 650 |

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| PART III – REQUIRED PROGRAM INFORMATION |

1. **Please submit all required Evaluation Data in your “District- & School-** [Online Tracker](https://classroom.google.com/w/MzcyNDk3OTgyMzRa/t/all)**” by completing** all tabs/rows/columns to include the following elements:
2. Upload the most recent **District Wellness Policy** and any other recently revised school-level wellness policies (follow Instructions on “DISTRICT Wellness Team” tab to share URL and upload documents to provided folder link)
3. Complete **District Wellness Team Roster** (fill in table found in “DISTRICT Wellness Team” tab)
4. Complete **School-level Wellness Team Rosters** for each participating school (Each participating school has own tab along the bottom of “District- & School- Tracker” where school-level wellness teams can be updated)
5. Include most recent **District Calendar** with anticipated district- or school-wide release dates for PD in Fiscal Year (FY) 2022. (If FY2022 PD Calendar is not available, please submit FY2021 PD Calendar and anticipated FY2022 PD Calendar release date).
6. **District School Wellness Advisory Council (DWAC) meetings:**

a. Please submit the **last 2 DWAC agendas** from FY2021 as an attachment or hyperlink below. b. Please list dates and times for **anticipated FY2022 quarterly DWAC meetings below:**

1. **Please complete the chart below to inform anticipated required Year 4 Professional Development Institutes** to be held during FY2022 on2-3 non-consecutive full days. HSP District Leads will be required to attend with at least three other members of District Wellness funded by DESE/DPH for [**supporting social emotional learning, health, and safety**](https://www.doe.mass.edu/sfs/sel/heartstrategy.docx) (via Healthy Schools Program and/or other coordinated school health grants). The Institutes regarding *“Educating the Whole Child via Sustainable, Equitable, Holistic Health Programs” will* be informed by this year’s district/school level PD assessment discussed on June contract calls, and TA needs reported below:

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|  | **Does your district need support on this topic?** (Yes/No) | **What is the audience/ Which district-/school-level staff should be invited to attend?** (e.g., DWAC lead or full district/school team, school nurses, health/physical education teachers etc.) | **Please describe any challenges or support staff need to attend and/or participate?** |
| Develop program **Marketing Strategy/ Messages & Materials** to gain buy-in that *Healthy Kids Learn Bette*r (e.g. from Leadership or Families) |  |  |  |
| Create or coordinate **Mission/Vision** across wellness initiatives/ grants for current SY |  |  |  |
| Engage school health community in **Needs Assessment and Planning for Change** (e.g., exploring team-based [Simulations for Systems Change](http://www.cairnguidance.com/systems-sims), and/or the 20 minute, free online [ASCD Whole Child School Improvement Tool™](http://sitool.ascd.org/Default.aspx)) |  |  |  |
| Support for **Wellness Team/Councils** (e.g., agenda development, member recruitment, meeting facilitation). |  |  |  |
| Support **Using Local Data to Identify and Inform Priorities** (e.g., using previously completed [School Health Index (SHI)](https://www.cdc.gov/healthyschools/shi/index.htm); or newly completing [School Health Assessment and Performance Evaluation System (SHAPE)](https://www.theshapesystem.com/) to inform new or emerging programs, policies, curriculum or initiatives). |  |  |  |
| **Develop Action Plans** or incorporate HSP action plan priorities into other grant/project plans. |  |  |  |
| **Build Relationships/ Resources with Family/Community Partners** (e.g., formal shared use agreements, referral systems, contracts, etc.). |  |  |  |
| **Develop Sustainability Plan** for coordinated school health programs/staff. |  |  |  |
| **Other:** |  |  |  |

1. **Submit Detailed Budget Narrative Form: Provide a detailed line item budget narrative**

a. **Budget Template:** Briefly describe the purpose, unit, amount of each expenditure to be submitted in EdGrants by line item, with level of detail required for CDC budget reporting by DESE in the Template below.

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| **Line Item** | **Line Total** | **Budget Purpose and**  **Explanation** |
| **Line 1 – Administrators:** enter position title, name, and anticipated role of staff for any salary entered |  |  |
| **Line 2 – Instructional/ Professional Staff:** enter position title, name, and anticipated role of staff for any salary entered |  |  |
| **Line 3 – Support Staff:** enter position title, name, and anticipated role of staff for any salary entered |  |  |
| **Line 4 – Stipends:** Please itemize flat or hourly rates, list position title, name, and anticipated role of staff/expectations for receiving the stipend. |  |  |
| **Line 5 – 4-a MTRS**  **4-b Other**  Please include total (or itemized) established fringe benefits rate (based on how benefit is calculated: e.g. total fringe benefits rate=15%, or retirement=5% salary; FICA=7.65%, etc.) |  |  |
| **Line 6 – Contractual Services:** Please list to fullest known extent name and type of anticipated contractor, scope of work, rate, hours and timeline (start and end date) per CDC requirement |  |  |
| **Line 7 – Supplies and Materials:** Please itemize to fullest known extent anticipated costs by item, type, and number |  |  |
| **Line 8 – Travel:** Please itemize to fullest known extent anticipated number of trips, staff traveling, associated costs (e.g., # miles, # train passes), and cost per reimbursable mile |  |  |
| **Line 9 – Other Costs:** Please detail anticipated costs by number of items (or months incurring cost) by type and amount |  |  |
| **Line 10 – Indirect Cost:** Must include established indirect cost rate in  EdGrants Budget Template to use this line. |  |  |
| **Line 11 – Equipment:** Please detail type of item, # of units, and cost per  unit (for any items costing $5,000+ per unit & having a useful life of 1+ years) |  |  |

1. (Optional) Please submit a **Healthy Schools PDP Request Form** for any staff who have attended 10+ hours of related professional development in Years 1-3 and would like PDPs.
2. (Optional) Please submit any **marketing or branding materials** that showcase how you advertise wellness offerings or programs to the internal/external community in addition to using the hashtag #CDCHealthySchools or handle @CDCHealthySchools (e.g., logo, slogan, hashtag, branded website)
3. (Optional) Please submit DWAC/lead wellness initiative **mission/vision** or describe any supports that would be helpful to facilitate one: