|  |  |
| --- | --- |
| **Name of Grant Program:** Coordinated Relief for School Health – COVID Supplement (CRSH COVID) | **Fund Code:** 651  |

|  |
| --- |
| PART III – REQUIRED PROGRAM INFORMATION |

|  |  |
| --- | --- |
| **Name of Applicant:** |  |
| **Total # of schools included in this application.** |  |
| **Eligibility:** Please check all that apply and provide additional requested information, if applicable.  |
| **1.** Applicant is currently receiving DESE-funded ‘Healthy Schools Program’ (FC650) in School Year 2022. (Brockton Public Schools, Fitchburg Public Schools, Holyoke Public Schools or Salem Public Schools.) |  |
| **2.\*** Applicant is a Public School District (including Charter Schools) located in a Vaccine Equity Community (VEI). (Boston, Brockton, Chelsea, Everett, Fall River, Fitchburg, Framingham, Haverhill, Holyoke, Lawrence, Leominster, Lowell, Lynn, Malden, Methuen, New Bedford, Randolph, Revere, Springfield, and Worcester.) |  |
| ***\*If applicant is a charter school district eligible under 2****, please indicate the Vaccine Equity Community(ies) served.* |  |
| **3.\*\*** Applicant is an Educational Collaborative*,* Tribal Education Agency, and/or DPH-funded Tribal/ Indigenous Peoples Serving Organization/Entity (T/IPSO) partnering with or directly serving students in eligible districts or communities listed in 1 and/or 2 above for this school year. |  |
| ***\*\*If applicant is eligible under 3,*** *please indicate the School District(s) (from 1. above) and/or Vaccine Equity Community(ies) (from 2. above) with which the applicant is partnering or directly serving students.* |  |
| ***Competitive Priorities*** | Please list each of the district(s)/school(s) to be served through this grant that meet each of the respective competitive priorities, below for (A-E). |
| 1. ***Serving greater than 25% of students are*** [***English Learners***](http://profiles.doe.mass.edu/statereport/selectedpopulations.aspx)
 |  |
| 1. ***Serving greater than 25%*** [***Students with Disabilities***](https://profiles.doe.mass.edu/statereport/selectedpopulations.aspx)
 |  |
| 1. ***District identified or with schools identified by DESE as*** [***requiring broad/ comprehensive or targeted/focused support***](https://profiles.doe.mass.edu/statereport/accountability.aspx) ***(in 2019), or as*** [***chronically underperforming.***](https://www.doe.mass.edu/level5/districts/faq.html)
 |  |
| 1. ***Serving greater than 50%*** [***Students who are Economically Disadvantaged***](http://profiles.doe.mass.edu/statereport/selectedpopulations.aspx)***.***
 |  |
| 1. ***Receiving*** [***DPH School Based Health Centers***](https://www.mass.gov/school-based-health-centers-here-for-the-kids) ***(SBHC) Program Support, or*** [***DPH SBHC Funding***](https://www.commbuys.com/bso/external/bidDetail.sdo?docId=BD-19-1031-BCHAP-BCH01-32508&external=true&parentUrl=bid) ***or other source of support to integrate Community Health Workers for chronic disease prevention in schools.***
 |  |
| ***If any schools within the VEC/school district being served will be included in this grant that do not meet any of the above (A-E) competitive priorities, please list them here.*** |  |

**Section 1:** **Program Information**

1. **Contact Information**
	1. **Team Leads:** Please indicate name and contact information for at least two of the following required grant team leads:

|  |  |  |  |
| --- | --- | --- | --- |
| **A. District/Applicant Team Lead – Name** | **Title** | **Email** | **Phone** |
|  |  |  |  |
| **B. District/School or Vaccine Equity Initiative Liaison****Team Lead – Name** | **Title** | **Email** | **Phone** |
|  |  |  |  |
| **C. Business/Grant Office Team Lead – Name** | **Title** | **Email** | **Phone** |
|  |  |  |  |

* 1. **Required Contact Information for Suggested Grant Implementation Partners**

Please identify at least 5 key district and school-level staff, as well as family or community partners, best poised to receive and help disseminate communications across different sectors of the school community including updated elements of the [CDC School-Based Guidance for COVID-19 Mitigation](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html) and other essential components of locally selected community-based VEI.

***Notes:*** *Applicants that include more than the required 5 key partners will receive additional competitive priority points. Additional rows may be added as needed to indicate additional key implementation partners, who will be added to this grant’s email list to receive ongoing access to relevant updates, resources and available partnerships (an opt-out provision will be offered).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Title/Role**  | **Name** | **Organization (District/ School/ Agency)** | **Email (optional)** |
| 1. Chronic Disease Prevention/ School Health/Nurse Lead or Youth with Special Health Needs Lead:
 |   |   |   |
| (2.b.) DPH Vaccine Equity Initiative (Community, Municipal or Tribal) Contact Lead:  |   |  |   |
| 3. Family Engagement or Diversity, Equity, and Inclusion Lead: |  |  |  |
| 4. Food Service Director/Food Security/Nutrition Lead: |  |  |  |
| 5. Out-of-School Time Lead/ Community Based Provider: |  |  |  |
| 6. Physical Education/ Physical Activity Lead: |  |  |  |
| 7. Social Emotional Learning/Safe and Supportive Schools/Youth Mental Health Lead: |  |  |  |
| 8. Other Key Stakeholder (essential partner to leverage student, family, or community voice): |  |  |  |

1. **Applicant Goals and Priorities**

**Incorporating Best Practices for Identifying and Engaging Priority Populations to Select a Vaccine Equity Strategy**

Funded applicants are able to incorporate the VEC needs assessment data from DPH’s [COVID Community Impact Survey (CCIS)](https://www.mass.gov/info-details/covid-19-community-impact-survey), (which was informed by a racial justice lens designed to spotlight the most pressing needs identified in VECs across the Commonwealth) in required submission of **plan to** **incorporate impacted priority populations and/or community-based partners in the selection of which VEI/CDC mitigation strategies are most appropriate to implement locally.**

See the Additional Information section of RFP for more information on utilizing the [CCIS Preliminary Analysis Results](https://www.mass.gov/doc/covid-19-community-impact-survey-ccis-preliminary-analysis-results-full-report/download), to fulfill grant competitive priority criteria to (1) **employ the racial justice lens applicants are asked to apply in engaging priority populations** to select strategies most likely to impact local structural determinants of health; and (2) **implementing one or more of the following formal family engagement strategies within a “**[SMART](https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf)**” timebound assessment and action plan by the end of school year 2022:**

* + Participation in a Family Institute for School Success cohort
	+ Implementation of strategies within the [Family School Community Partnership Fundamentals](https://www.doe.mass.edu/sfs/fscp-fundamentals.docx)
	+ Onsite provision of a Family Synergy Specialist
	+ Implementation of strategies within the [Strengthening Partnerships: A Framework for Prenatal through Young Adulthood Family Engagement in Massachusetts](https://www.doe.mass.edu/sfs/family-engagement-framework.pdf); and/or other comparably formal strategies to engage youth and families from priority populations in CDC-mitigation strategy selection, adaptation or implementation; program planning and design; and/or monitoring and evaluation.
	1. **Readiness to Integrate CRSH COVID Intervention into Existing Work or Action Plans**
1. Does applicant receive **existing funding** to implement CDC mitigation strategies with one or more of the following priority populations. Please complete the chart below.

|  |  |
| --- | --- |
| **Priority Populations:**  | If the applicant is **currently funded** to implement serve of or more of the following priority populations, please circle YES then list funding source or Fund Code (if DESE-funded), and short description of how CDC funding will be targeted to benefit them (only complete if funding will be used to adapt or create new services specific to the needs of this priority population:)  |
| Youth with chronic health conditions | YES: |
| Youth living with disabilities | YES: |
| Youth with special health care needs | YES: |
| Youth who identify as LGBTQ+ | YES: |
| Youth who identify as Black, Indigenous, and/or People of Color  | YES: |
| Other [priority population](https://www.mass.gov/info-details/covid-19-vaccine-equity-initiative#priority-populations-)(s), please describe: | YES: |

**2. Identify, Engage and Report on Priority Populations Served by COVID Relief Funds**

1. Please describe how (and if applicable, in what [SMART](https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf) action plan) the applicant will incorporate best practices for identifying and engaging new or existing priority populations and/or community-based partners from VEI in the selection and implementation of COVID Relief strategies, naming any formal family engagement or racial justice frameworks to be applied if applicable.
2. Please provide a summary statement of the need for this funding to expand and/or create new COVID relief programming.

|  |  |  |
| --- | --- | --- |
| **Priority Strategies CDC-Recommended for COVID Relief** *(Examples of current state and federal grants applicants may already be implementing are listed below to help with identification and coordination of similar efforts.)* | b) Please describe how you will use CRSH COVID funding to expand **(1) existing efforts, or launch (2) new services, or extend programming to new settings or new priority populations** that informed your selection of one or more of the following options below: | c) (Optional) Please describe any TA or Professional Development needed from DESE/DPH (e.g., accessing marketing materials and resources, linking to VEI, or better coordinating state level supports to improve district capacity to coordinate school health initiatives in categories A-F.)\* |
| A. Implement [CDC’s recommended school-based COVID-19 prevention  strategies](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html) and disseminate related information across the school community, including to out-of-school time (OST) providers. | 1.2. |  |
| B. Increase use of COVID-19 testing guidance among K-12 schools choosing to implement testing (e.g. [CDC’s Testing Overview](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html); [DESE’s COVID-19 Testing Program](https://www.doe.mass.edu/covid19/testing/default.html)).   | 1.2. |  |
| C. Promote vaccine information and confidence (e.g., through (1) CDC [Vaccinate with Confidence’ (Strategy](https://www.cdc.gov/vaccines/covid-19/downloads/vaccinate-with-confidence.pdf)); [COVID-19 Communication Materials](https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html) and DPH [Materials](https://www.mass.gov/info-details/covid-19-vaccine-equity-initiative-communications-materials) (2) Vaccine Equity Initiative [Education and Outreach](https://www.mass.gov/doc/vaccine-equity-initiative-resource-guide/download), and/or (3) locally developed culturally responsive initiatives such associal marketing, media or information and outreach campaigns) | 1.2. |  |
| D. Implement social, emotional, and mental health programs (e.g., [mental health programs](https://www.doe.mass.edu/covid19/mental-health.html); [employee wellness programs](https://www.mass.gov/service-details/working-on-wellness-mawow), anti-racism pathways; and other interventions for students, families, teachers and staff).   | 1.2. |  |
| E. Implement social emotional learning programs and curricula for students (e.g., newly developed and/or or those found at [matoolsforschools](https://matoolsforschools.com/)) to address the effects of COVID-19 and related school closures.  | 1.2. |  |
| F. Increase the reach of [student and family-centered programs, partnerships, and interventions to engage and impact those most adversely affected by COVID-19](https://www.pinnaclepartnerships.org/covid-19-resources). (e.g., students managing chronic health conditions, such as asthma, obesity, other physical conditions; behavior/learning problems; disabilities and other special health needs throughout the school day and during Out-of-School Time). | 1.2. |  |

*\*Applicants may complete this* [*Technical Assistance (TA) Form*](https://docs.google.com/forms/d/e/1FAIpQLSf_5iIYVAgcOlqWyzLeY_M1XKuymPL-FmKmdN3NpTWEhryJOw/viewform?usp=sf_link) *as needed to indicate any desired supports to link to priority populations and/or VEC/VEI.*

**3. Applicant Readiness to Implement and/or Report COVID Relief Strategies to DESE/CDC**

DESE anticipates that the CDC will require collection of public school district, charter school district, tribal education agency and school level data, to assess changes to policy and practice that result from this funding.Information to be collected will be confirmed by DESE with the CDC and shared with grantees upon award. Funded applicants will be expected to report information available only to the best of their ability. Past required HSP grants required data collection elements have included:

* Current color designation on the COVID map (e.g., red, yellow, green, grey);
* Current learning model used by district (e.g., remote, hybrid, in-person, etc.); and
* Revisions to OST, childcare and food security policies and programs made to support COVID Relief efforts with grant funds).

DESE anticipates reporting requirements to CDC may require funded applicants to submit data via a \*brief\* (10–15-minute) monthly online survey regarding district and/or school level policies and program data, and that also may include a one-time 20–30-minute formal survey or key informant interview to learn about chosen COVID Relief for School Health initiatives implemented by priority districts. It is also anticipated that future reporting may include # of tests or vaccines administered if districts choose to use these funds for testing or vaccine administration.

1. Please respond with your district’s ability to provide the following items monthly:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data Variable** | **Currently** **Collecting** | **Not Currently Collecting,** **but able to** | **Unsure if Collecting**  | **Likely unable to Collect**  |
| # of individuals that have received a full dose of the COVID-19 vaccine |  |  |  |  |
| # of schools that have school-based COVID-19 testing |  |  |  |  |

1. Please indicate whether the applicant will likely have the **capacity to submit a COVID Relief Year-End Success Story (at the end of the grant period)** regarding efforts to engage school health community and/or community-based VEI partners in CRSH COVID relief efforts for display on the [**SWITCH Coalition Website**](https://massschoolwellness.org/)**:**

|  |  |
| --- | --- |
|  | Yes, with limited to no assistance |
|  | Yes, if template is provided |
|  | No, not given staff capacity/priority at this time |

**D. YOUTH MENTAL HEALTH FIRST AID (YMHFA)**

**1. Readiness to Implement Youth Mental Health First Aid (YMHFA)**

[**Youth Mental Health First Aid**](https://drive.google.com/file/d/1E8JwXE2MRrOzOprscG61V_uoIA-fJhU-/view?usp=sharing)**.** DESE will offer each awarded CRSH COVID grantee at least one in-district YMHFA training for up to 30 participants, subject to mutually agreeable dates/times. The YMHFA training helps teachers, other school staff, parents, and others who interact with youth to recognize and support students ages 6-18 who may be experiencing mental health or substance use challenges and/or may be in crisis, and if needed, to refer them to mental health services. Topics covered include anxiety, depression, substance abuse, disorders in which psychosis may occur, disruptive behavior disorders \*including ADHD) and eating disorders. These sessions will be offered virtually and require ~2 hours of pre-work and attendance at a ~5 hour virtual session.

**Youth Mental Health First Aid – Training of Trainers (ToT).** DESE plans to host one or more YMHFA ToTs this year to support districts and communities to build capacity to offer YMHFA trainings. Participants who complete the ToT will become certified instructors for YMHFA training and will be able to facilitate in-person trainings, virtual trainings, and blended/hybrid trainings. Upon successful completion of the ToT, DESE will support participants to offer at least one YMHFA session to be funded by DESE. These ToTs will likely be held virtually and require participation in 3-full days of training. More details will be provided to interested funded applicants.

*DESE will provide facilitators and support the YMHFA registration fees for these sessions.* These trainings will likely be done virtually, with plans to reevaluate options for in-person trainings at the start of calendar year 2022.

|  |  |  |
| --- | --- | --- |
|  **YMHFA Training Menu:** | **Would your district like to participate?** (Yes/No) | **Please describe any challenges or support staff need to attend and/or participate?** *Reminder: Grant funds may be used to support stipends, etc. to facilitate participation.* |
| * **Youth Mental Health First Aid Training** – provided by DESE and its partners, for up to 30 participants
 |  |  |
| * **Youth Mental Health First Aid Training –** **Training of Trainers** – If ToT is desired, please indicate how many individuals may be interested.
 |  |  |

**E. Budget Narrative**

Using the template below, briefly describe, by line item, the purpose, unit, and amount of each expenditure to be supported with grant funds, indicating requested level of detail to be reported by DESE to the CDC.

*Budget Notes:*

Competitive priority will be given to applicants that allocate at least 20% of the budget request to successfully monitoring and evaluating CDC mitigation strategies required to be reported to the CDC, chosen with the input of school health communities, informed by implementation of [Strengthening Partnerships: Prenatal to Young Adult Family Engagement Framework](https://www.doe.mass.edu/sfs/family-engagement-framework.pdf) and/or other formal family engagement or racial justice/moving upstream/diversity, equity and inclusion focused efforts.

Applicants who so desire to select Mental Health and or Family Engagement interventions are encouraged to consider allocating funds to:

* ensure staff interested in attending YMHFA,
* use the [Strengthening Partnerships (Family Engagement Framework)](https://www.doe.mass.edu/sfs/family-engagement-framework.pdf);
* support an onsite part-time Family Engagement/Synergy Specialist to support connections and between academic achievement, mental health, wellness, and COVID relief efforts by serving as a liaison between families; and/or
* support school and community-based organizations to access support from DESE’s CRSH COVID TA/PD Vendors.

|  |  |  |
| --- | --- | --- |
| **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) |  |  |