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| **Name of Grant Program:** Recovery High Schools Program | **Fund Code:** 791 |

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| PART III – REQUIRED PROGRAM INFORMATION |

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| --- | --- |
| Amount Requested for Fiscal Year 2022 (FY2022): |  |
| Applicant (School District or Educational Collaborative): |  |
| Program Name: |  |
| Program Coordinator Name/Title: |  |
| Program Coordinator Email:Note: List email(s) of the person(s) DESE should be communicating directly with on this grant. |  |
| Address: |  |
| Phone: |  |

**Please complete responses to Questions 1-3 within this document, using a maximum of 4 pages, and using the existing margins, question text, and font style and size.**

1. **Please briefly describe progress/updates on meeting goals and objectives as described in strategic plans for the 2020-2021 (FY21) school year. If plans have been modified, please explain modifications:**
2. **List and briefly describe all professional development/trainings completed by leadership and/or staff during the 2020-2021 (FY2021) school year:**
3. **Budget Narrative:**
	1. Please submit a proposed budget for FY2022 directly into EdGrants. All costs must be reasonable and necessary to implement the program and **please note transportation is NOT an allowable expense**. The amount entered should reflect the amount requested from the grant.
	2. **FY2022 Budget Narrative:** Complete the chart below to describe the proposed costs and how they align to implementing the proposed program.

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| --- | --- | --- |
| **FY2022 Line Item** | **FY2022 Line Total** | FY2022 Budget Purpose and Explanation |
| Line 1 – Administrators |  |  |
| Line 2 – Instructional/Professional Staff |  |  |
| Line 3 – Support Staff |  |  |
| Line 4 – Taxes and Benefits |  |  |
| Line 5 – Facilities  |  |  |
| Line 6 – Supplies and Materials |  |  |
| Line 7 – Travel |  |  |
| Line 8 – Meals/Snacks |  |  |
| Line 9 – Indirect Cost |  | [**Appendix P Indirect Cost Calculation Worksheet**](https://www.doe.mass.edu/grants/procedure/forms/p.xls) |
| Line 10 – Other Costs |  |  |