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| **Name of Grant Program:** English Learner Education Support | **Fund Code:** 181 |

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| PART III - Goal 2 – REQUIRED PROGRAM INFORMATION |

**Goal 2:** Create (and cultivate) or continue a "grow your own" **bilingual education hub** that would support and encourage statewide initiative and collaboration, improve the Bilingual Education educator pipeline, share knowledge to accelerate the adoption of proven and recognized programmatic models for English learners, and develop successful models that can be replicated for years to come.

**The intended outcomes for Goal 2 are as follows:**

1. Increase the number of qualified bilingual education teachers in the district.
2. Encourage and support bilingual students, parents, community members, paraprofessionals, and teachers to become teachers in bilingual education settings.
3. Build systems to implement effective bilingual education programs.

***Priorities will be given to:***

* Applicants that submit a comprehensive plan to become or continue to expand an existing "grow your own" bilingual education hub as defined above.
* Applicants that demonstrate an immediate need for bilingual education teachers. For example: priority will be given to districts that have recently designed a new bilingual education program and the program is in its first stages of implementation.
* Applicants that submit the anticipated impact of a comprehensive hub program impact (see indicators in part 3 of the required forms for more information).
* Applicants that include a plan to sustain their hub if funding from this grant should become unavailable.
* Proposals from applicants not previously awarded.
* Prior recipients of Goal 2 funding under Fund Codes [181](https://www.doe.mass.edu/grants/2020/181/) or 187 that executed grant requirements on time, with efficiency, and high performance.

# Provide the names and contact information for the person(s) from the district who would manage aspects of the grant:

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| **Record your response here:**  **Grant Manager**  Name:  Role:  District:  Email:  Telephone:  **EdGrants Contact** Name:  Email:  Telephone:  **Fiscal Contact**  Name:  Email: Telephone: |

* 1. Describe the district’s readiness to establish and implement a BE hub. Please include the district’s current initiatives and how these align to and will support the BE hub.

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| **Record your response here:** |

* 2. Recipients of Goal 2 Funding under Fund Codes 181or 187 must complete the table below. Use a separate row for each year you received funding**. All other grant applicants should proceed to #3**.

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| **Previous Grant(s) Awarded** | ***How effective were your partners, including institutions of higher education, in supporting grant activities? Be as detailed as possible. Consider quality of training/ coursework, affordability/pricing, and reliability.*** | ***What training did you offer in connection with grant activities? Describe all of the following, as applicable:***   * ***Coursework*** * ***Professional development*** * ***Workshops*** * ***Parent nights*** * ***State Seal of Biliteracy***   ***Other*** | ***Outcomes:***   1. ***Did you achieve the desired grant outcomes specified in your application? Please provide details.***   ***How many teachers, parents, and students benefited from grant activities?*** |
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1. Describe the district’s plan to become or continue to be a “grow your own” BE hub as defined in the RFP. There is no ‘one size fits all’ model for bilingual education hubs, as local conditions, priorities, and rationales vary from district to district. Please explain precisely how you will construct your hub. When doing so, address the indicators listed below:

* Explain why you are seeking to engage or continue engaging in this “grow your own” initiative.
* Identify the institution of higher Education (IHE) you will partner with (must be an IHE that has an approved bilingual education program in place – see the list provided in the RFP).
* Commit to implementing the goals and resources presented in this grant program.
* Commit to conducting pre-and post-surveys to gauge candidate learning and progress, and share the results with DESE during scheduled check-ins.
* Identify the public school district(s) you will partner with and explain in detail how you will be including those district(s) in your ‘grow your own’ hub activities, some examples would be:
* invite neighboring districts in need of bilingual endorsed teachers to participate in the hub activities you are about to implement/initiate.
* reserve 10% of your course seats for candidates from the surrounding district(s) for coursework, professional development, and other activities that you have planned as part of “grow your own initiative”.

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| **Record your response here:** |

1. Describe all current bilingual education programs operating in the district. Describe how the goals of these programs align with the goals of this RFP. Describe how this grant will advance both teacher and student learning in the district’s bilingual education programs.

**Note**: If the District for which you are applying receives focused/targeted services from DESE’s Statewide System of Support (SSoS), please explain how this grant complements turnaround initiatives/work.

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| **Record your response here:** |

1. Submit a comprehensive plan for training (coursework and professional development) and recruitment. The plan should:

* Include anticipated efforts to recruit students, paraprofessionals, teachers, parents, community members, school administrators who are bilingual.
* Include the necessary supports you will be providing for working professionals to participate in hub activities, including no-cost access to course work delivered locally and at convenient times.

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| **Record your response here:** |

1. Explain how the district will assist and support the candidates participating in the ‘grow your own’ initiative. Provide specific details of how you plan to utilize the talent that you will train through this grant (e.g., teaching in BE classroom, leading grade-level planning, facilitating and/or monitoring teaching and learning in BE classrooms, facilitating professional learning, and providing feedback to school administrators).

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| **Record your response here:** |

1. Explain what changes in BE program outcomes you expect to achieve through participation in this grant program. Provide clear, specific examples of the changes in this order:

**Anticipated Outcomes:**

* What training will you offer in connection with this grant? Describe all of the grant activities (coursework, professional development, workshops, parent nights, State Seal of Biliteracy, etc.) training,
* How many students, paraprofessionals, parents, community members, school administrators and teachers who are bilingual would benefit from this grant?
* Do you anticipate participating in this grant program will contribute to diversifying the workforce at the local level? If yes, please explain why. Provide as many concrete examples as possible.

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| **Record your response here:** |

**INSTRUCTIONS FOR THE BUDGET AND NARRATIVE:**

Applicants must submit a budget using the Part II, Budget Details template provided with proposed expenditures for FY23 (upon approval through 6/30/2023) and Summer FY23 (7/1/2023-8/31/2023) as well as the detailed narrative on the next page that connects all expenditures to the design and operation of the preparation and design of the new bilingual education program. All applicants should note that awardees will be required to submit a PowerPoint presentation explaining how the funds have been utilized and the impact on student outcomes and be prepared to present this report to an audience of district leaders upon request from DESE.

**FC181 Goal 2 Budget Narrative Template**

This document mirrors each line item in Part II Budget Details. Please use this document to provide fuller explanations of how you plan to use the funds listed in each corresponding line item of that document.

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| **School Year FY23 (upon approval – 6/30/2023)** | **Summer FY24 (7/1/2023 – 8/31/2023)** |
| 1. **Administrator Salaries** | |
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| 1. **Instructional/Professional Staff Salaries** | |
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| 1. **Support Staff Salaries** | |
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| 1. **Stipends** | |
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| 1. **Fringe Benefits** | |
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| 1. **Contractual Services** | |
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| 1. **Supplies and Materials** | |
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| 1. **Travel** | |
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| 1. **Other Costs** | |
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| 1. **Indirect Costs** | |
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| 1. **Equipment** | |
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