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| **Name of Grant Program:** Supporting Students’ Social Emotional Learning, Behavioral & Mental Health, and Wellness – (SEL & Mental Health) Competitive Grant  | **Fund Code** 311 |

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| **PART III – REQUIRED PROGRAM INFORMATION** |

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| **Applicant:**  |  |

**Please respond to the following questions using no more than 8 pages.**

Your responses to the narrative questions below should include how your district/school/collaborative will coordinate services through Multi-Tiered Systems of Support and create and sustain partnerships with community-based agencies to increase access to services.

If you are interested in piloting Universal Mental Health Screening, please indicate this by placing a check mark on the line below. Districts/schools/collaboratives who apply for this activity will receive additional funding for this activity.

\_\_\_\_ Piloting Universal Mental Health Screening

**Narrative Questions:**

**Please respond to the following questions using no more than 8 pages.**

1. **Grant Plans/Overview:**
	1. Please identify strengths, priorities, needs, and opportunities the district/school/collaborative plans on addressing to build sustainable and scalable social-emotional, behavioral, and mental health Multi-tiered Systems of Supports for students.
	2. Please describe how staff supports will be embedded in this plan and if these supports are targeted towards specific schools or programs within the district.
	3. Please identify what evidence-based tools you are using to support program services currently.
	4. Please describe how you are including student and family voice in these efforts and ensuring racial equity and cultural responsiveness practices are being embedded at the center of your plans both at the school and community level.
	5. Please describe the self-assessment(s) you currently use to inform changes/revisions in policies and practices around building comprehensive mental health systems to support students’ Social Emotional Learning, Behavioral Health, and Wellness.
2. **Coordination and Partnerships with Community-Based Organizations/Providers:** Describe existing or planned partnerships (and/or proposed efforts to establish or increase partnership efforts) with community-based organizations/providers that support (or will support) the district and or schools’ goals and implementation activities. Please identify how these partnerships will be sustained and describe how the goals and activities identified will meet the mental and behavioral health needs of the district, students, and family and staff.
3. **Data Use and Outcomes:**  What **specific data** including screenings is driving and/or informing your plans outlined above? What data do you plan to review to monitor the effectiveness of your work and at what frequency? What outcome(s) data will you analyze to measure success? How will you use this data to inform decision-making and capacity-building efforts?
4. **Team:** Describe the overall approach to organizing and coordinating the work of this grant. Please describe how you will ensure that the team represents the voices and perspectives of the students and families that you serve.
	1. **who will serve as the point(s)/lead(s) for this grant opportunity (please include this person(s) email address(es)?**
	2. how often will the team meet?
	3. how will this team connect with other school leaders in the district to align work?
	4. how is the work embedded in existing team structures for creating safe and supportive schools, multi-tiered systems of support and bridging collaborations with community mental health partners to build comprehensive school mental health systems?
5. **Budget, Sustainability, and Scalability**: How will the plans outlined in this grant application be sustained after the grant period (particularly if the funding is being used to support staff positions)? How will the plans outlined in this grant application be scaled to support additional schools and/or students? Please provide a brief narrative *using the chart on the last page of this document* that outlines your spending plans for Fiscal Year (FY) 2023.

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| **FY2023 Line Item** | **FY2023 Line Total** | **FY2023 Budget Purpose and Explanation** |
| Line 1 – Administrators |  |  |
| Line 2 – Instructional/Professional Staff |  |  |
| Line 3 – Support Staff |  |  |
| Line 4 – **4. Stipends** |  |  |
| Line 5 – **5. Fringe Benefits**  |  |  |
| Line 6 – **Contractual Services** |  |  |
| Line 7 – **Supplies and Materials** |  |  |
| Line 8 – **Travel** |  |  |
| Line 9 – **Other Costs** |  |  |
| Line 10 – **Indirect Costs** |  | [**Appendix P Indirect Cost Calculation Worksheet**](http://www.doe.mass.edu/grants/procedure/default.html) |
| **Line 11 – Equipment** |  |  |