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| **Name of Grant Program:** Safe and Supportive Schools Competitive Grant | **Fund Code:** 335 |

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| PART IIIB – REQUIRED PROGRAM INFORMATION – Fiscal Year (FY) 2023 **OPTION TWO: IMPLEMENTATION AND MENTORSHIP/SUPPORT** |

NOTE: Only fill out this document if applying for **OPTION TWO: IMPLEMENTATION AND MENTORSHIP/SUPPORT**. *If applying for OPTION ONE: Action Planning, please only fill out Part IIIA.*

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| **District:** | | | |  | | | | | |
| **Amount Requested**  **($10,000 maximum per district):** | | | | **School Year (2022-2023)** | | | | **Summer 2023 (optional)** | |
| $ | | | | $ | |
| **Program Coordinator Name/Title:** | | | |  | | | | | |
| **Phone:** | |  | | | | **Email:** |  | | |
| **Fiscal Contact**  **Name/Title:** | | |  | | | | | | |
| **Phone** |  | | | | | **Email** |  | | |
| **Superintendent/ Charter School Leader/ Collaborative Leader**  **Name/Title:** | | |  | | | | | | |
| **Phone** |  | | | | | **Email** |  | | |
| If different from the Program Coordinator listed above, write the name, role, and email of the person that will serve as a mentor for Action Planning grantees (or others new to using the Tool). | | | | | | | | | |
| **Name** | | | | | **Role** | | | | **Email** |
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1. **Reflection on Action Planning:**

**A minimum of 3-5 sentences can generally be considered a substantive response. Please enter your answers in the non-shaded cells in the table below.**

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| 1. Briefly describe how schools, with support from the district, completed the Safe and Supportive Schools Self-Reflection Tool (SaSS Tool) and action planning process. Include information about how the team was created, who participated in the process, and who led the team to complete the SaSS Tool. |
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| 1. Describe the **successes** and **challenges** (including lessons learned) your team had when utilizing the Tool that you could share with a new grantee or other SaSS Tool user. Include explanations of which parts of the tool were used (i.e. Preliminary and/or Deep Dive) and what was most and least useful about each part of the tool. |
| Successes: |
| Challenges: |
| 1. Describe the **successes** and **challenges** (including lessons learned) your team had in creating an effective action plan. |
| Successes: |
| Challenges: |

1. **Reflection on Implementation:**

Below, provide reflections regarding any efforts to implement elements of action plans created from completing the self-assessment. Please note if these efforts were district-wide or school-focused (note which schools participated) and which efforts were supported by previous Safe and Supportive Schools grant funds. If the applicant completed the self-assessment and action plan previously but has not begun any implementation from this action plan, please describe the self-reflection and action planning process in your response to question 2.

**A minimum of 3-5 sentences can generally be considered a substantive response. Please enter your answers in the non-shaded cells in the table below.**

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| 1. Describe how the school and district has sustained or will sustain the implementation efforts of the action plans, including any adaptations that are needed or anticipated. |
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| 1. Describe any efforts or activities the district or participating schools (if activities were school specific, indicate that in the response) have participated in related to Safe and Supportive Schools, including but not limited to activities that are intended to:  * improve the climate and culture; * become more trauma sensitive; * address racial or other inequities; or * improve student and family voice and engagement.   Include in your description: successes and challenges related to these efforts or activities, measures of effectiveness, and the funding sources (including previous Safe and Supportive Schools grant funds). |
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1. **Mentorship/Support for New Tool Users and Previous Mentorship/Support**

**A minimum of 3-5 sentences can generally be considered a substantive response. Please enter your answers in the non-shaded cells in the table below.**

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| 1. Describe how you or the grant team would help a new grantee, other new tool user, or other interested stakeholder with one or more of the following:    1. the self-reflection process,    2. action planning, or    3. implementation process. |
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| 1. Some schools and districts have provided mentorship or support as previous grantees or in other capacities. Please list any activities anyone in your district and/or school has engaged in to provide guidance, support, or to share information with other schools and districts, the Department of Elementary and Secondary Education (Department), or the Safe and Supportive Schools Commission (Commission) related to being more safe and supportive. Include information about the type of activity (e.g., networking participation, call with a district, presentation to the Commission etc.) and the audience or participants (if known). |
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1. **FY2023 Implementation**

Please complete the chart below for each school participating in this grant opportunity. If more than one school is participating in the same activities, please list them together. If schools will be implementing different activities, please copy and paste the entire chart for each school.

1. Below, provide details regarding specific activities which will be funded through this grant. Include the goal for funding it, and who will be leading that effort. List activities that will occur during the 2022-2023 school year (by June 30, 2023) and what will occur during summer (July 1, 2023 – August 31, 2023), if applicable.

**ADD ADDITIONAL ROWS IF NEEDED**

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| --- | --- | --- | --- | --- |
| **School Name(s)** | |  | | |
| **Grades Served** | |  | | |
| **Activity** | **Goal and Success Indicators** | | **Indicate who will lead this effort**  **(if known)** | **Timeline** |
| *Describe the specific initiative, program, professional development, material, resource, etc. that will be funded by this grant.* | *Explain the goal for funding the activity as well as how you will know the activity was successful.* | | *If known, write who will lead this effort, such as a specific organization or vendor or school or district staff.* | *Indicate anticipated dates/timeframes for the activity.* |
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1. **Team(s):** Below, provide the names of the anticipated member(s) and role(s) of people to be in charge of managing and coordinating school-focused implementation. If a team member would like to be added to our contact list (in addition to the grant coordinator), please list their email address with their name. If the school-based team has a team leader, please indicate the person taking on this role with an \*. ADD ADDITIONAL ROWS AS NEEDED.

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| **Name (required) and Email (*optional*)** | **School** | **Title or Role** |
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