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| **Name of Grant Program:** Healthy Schools for Student Success | **Fund Code:** 650 |

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| PART III – REQUIRED PROGRAM INFORMATION |

1. **Status of District and School Wellness Teams, Action Plans and Policies:** *For this section, please reference your online District Tracker:* Please review and complete the District- and School-level tasks in the “Overview of Tasks” tab, and **submit all required Evaluation Data,** including the following elements:
2. Update **District Wellness Team Roster** (fill in table found in “DISTRICT Wellness Team” tab)
3. Update **School-level Wellness Team Rosters** for each participating school (Each participating school has own tab along the bottom of “District- & School- Tracker” where school-level wellness teams can be updated).
4. Upload the most recent **District Wellness Policy** and any other recently revised school-level wellness policies (follow Instructions on “DISTRICT Wellness Team” tab to share URL and upload documents to provided folder link)
5. Upload your **District’s WellSAT scorecard,** if yet to be entered.
6. Update “Activity Implementation Status” column for each activity in your **District Action Plan.**
7. Update and/or complete the **Sustainability section** (last section) of the **District Action Plan** to begin documenting a sustainability plan for Healthy Schools Program efforts to continue after 2023.
8. **Sustaining Whole Child Efforts through Policy and Partnerships**
9. How has your district developed mechanisms to incorporate ongoing feedback from the youth, family, and or community partners into school wellness initiatives this year? What was the outcome?
10. How has your district’s participation in the Healthy Schools Program to date helped district- and/or school-level wellness team(s) prepare to conduct a joint Local Wellness Policy revision process in school year (SY) 2022 or SY2023?
11. What Healthy Schools Program (or local community or administrator supports) are necessary to close out the grant with a USDA-compliant, approved local wellness policy, accessible online?
12. What policy action(s) will your District Wellness Advisory Council prioritize to support healthy schools before the grant concludes?When will the DWAC meet to plan and implement these goals?

*(e.g., the DWAC will meet quarterly on X dates to implement X remaining consensus priorities from the district-school level teams collaborating to implement X School Health Index-derived assessment and action plans, or X desired improvements to the school health environment/community)*

1. **Please complete the chart below to inform anticipated Year 5 Professional Development Offerings**

District Team Leads are encouraged to budget for at least 3 district and/or school wellness team members (funded to [**support social-emotional learning, health and/or safety**](https://www.doe.mass.edu/sfs/sel/heartstrategy.docx) [initiatives](https://www.doe.mass.edu/sfs/sel/heart-strategy.pdf)) to attend PD offerings that enhance program sustainability upon conclusion of this grant.

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| ***Please indicate which three or more Local Wellness Policy PD options are most desired by LEA in SY23 by completing the corresponding row(s) below:*** | 1. ***PD Priority content:***   Does your district need support on this topic? *(If so, please complete the full row to help the Department/DPH schedule relevant PD or TA in the format and timeframe of your choice).* | **B. *Preferred PD audience/dates:***  Which district, school or family partners should be invited to attend? | **C. *PD support:***  How can the HSP help you reduce any barriers to staff attending needed PD on this topic? |
| Local Wellness Policy PD or TA | | | |
| **Meeting local wellness policy (LWP) requirements** as a District Wellness Council. |  |  |  |
| **Aligning** **LWP priorities to local district/school data** *(e.g., Using YRBS or* [*School Health Index*](https://www.cdc.gov/healthyschools/shi/index.htm) *to inform policy updates).* |  |  |  |
| **Accessing policy writing assistance** *(e.g., selecting model policy language and framing of the policy; establishing a stronger comprehensive policy).* |  |  |  |
| **Completing the WellSAT 3.0** and/or **Wellness Policy Builder** to populate LWP revision. |  |  |  |
| Developing an LWP **outreach and/or implementation plan** (e.g., to divide the revised LWP into goals/ activities/action steps). |  |  |  |
| Developing a **public information campaign to announce LWP update/revision process** (e.g., support producing news of LWP update in school/ district newsletter) |  |  |  |
| Join the[**School Wellness Coaching Program**](https://johnstalkerinstitute.org/blog/2021/05/10/massachusetts-school-wellness-coaching-program-2021-2022) to complete WellSAT3.0 and pass a USDA-compliant LWP. |  |  |  |

1. **How important is it to you that the Healthy Schools Program makes the following PD opportunities available in Year 5 of the grant?** For each of the opportunities, place a **X** on how helpful the PD opportunity would be. Please feel free to review vendor offerings and share any favorite topics/themes.

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| **Scale:** | Not at all Important/ Helpful | Somewhat Unimportant/ Unhelpful | Neither Helpful/ Important or Unhelpful/ Unimportant | Somewhat Important/  Helpful | Very Important/Helpful | ***Feel free to share any additional comments:*** |
| **Advancing** [**Infrastructure for District and School Health**](https://www.rmc.org/what-we-do/training-expertise-to-create-healthy-schools/infrastructure-for-district-and-school-health/)(WSCC via an SEL Lens; Creating a Culture of Learning & Health; High-Performing Teams)*Likely vendor:* [*RMC Health*](https://www.rmc.org/) |  |  |  |  |  |  |
| [**Developing Youth Voice; Community Partnerships & Coalitions**](https://hriainstitute.org/); to help sustain HSP activities. *Likely vendor:* [*Health Resources in Action*](https://hria.org/services/capacity-building/) |  |  |  |  |  |  |
| [**Comprehensive School Physical Activity Programs**](https://www.shapeamerica.org/cspap/what.aspx)*Likely vendor:* [*Lighthouse Wellness and Health Education Consulting*](https://cairnguidance.com/blog/2022/03/__trashed-2/#:~:text=Cairn%20Guidance%20has%20developed%20their,school%20communities%20through%20collaborative%20action.) |  |  |  |  |  |  |
| The [**Blaze Approach**](https://cairnguidance.com/blog/2022/03/blaze-approach-components-at-work/) to implement the Whole School, Whole Community, Whole Child Approach, sustainably.  *Likely Vendor:*  [*Cairn Guidance*](https://cairnguidance.com/blog/2022/03/__trashed-2/#:~:text=Cairn%20Guidance%20has%20developed%20their,school%20communities%20through%20collaborative%20action.) |  |  |  |  |  |  |

1. **Budget Narrative Form: Provide a detailed line item budget narrative**

a. **Budget Template:** Briefly describe the purpose, unit, amount of each expenditure to be submitted in EdGrants by line item, with level of detail required for CDC budget reporting by DESE in the Template below.

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| **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) |  |  |

b. (Optional) Please submit a [**Healthy Schools PDP Request Form**](https://drive.google.com/drive/u/0/folders/14jrD0X6v40Dt10DjeseznXlsd-8KjEbo) for any staff who have attended 10+ hours of related professional development in Years 1-4 and would like PDPs.