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| **Name of Grant Program:** After-School and Out-of-School Time (ASOST) - Continuation | **Fund Code:** 528 (School Year) & 530 (Summer) |

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| PART III – REQUIRED PROGRAM INFORMATION |

This application for continuation grant funds includes year-end program reporting for fiscal year 2023 (School Year 2022-2023 and Summer 2023) grant activities, as well as proposed activities for FY2024 (School Year 2023-2023 and Summer 2023). Proposed activities for FY2024 should be informed by lessons learned and program evaluation results from your current grant. **DUE DATE: September 29, 2023**

In order to facilitate the compilation of data related to the grant, some additional information not included in this Part III is also required via the following online link:<https://survey.alchemer.com/s3/7415800/FY2023-ASOST-FC-530-528-Year-End-Data-Report>

***CATEGORIES:*** *Please respond to the questions based on your corresponding funded category(ies). As a reminder, Category A = Quality Enhancements, Category B = Increased Access, and Category C = Regional or Statewide Professional Development/Networking. Please respond to all category questions that apply.*

1. **Organization Name:**
2. **Timeframe (FY2024 Plans):** Please indicate the timeframe during which FY2024 grant funded activities will take place. (Check all that apply.) *Note: If proposing both school year and summer grant activities, please be sure to submit a Part I (Standard Contract / Signature Page) and Part II (Budget/Budget Narrative) for each timeframe. Both of these are in the Part I/II Excel Workbook found in the* Required Forms *section of the Funding Opportunity RFP.*
* School Year FC528 (09/01/2023\* - 06/30/2024) \*start date cannot before submitted in EdGrants
* Summer FC530 (07/01/2024 - 08/31/2024)
1. **Start and End Dates (FY2024 Plans):** Please note the start and end dates for your school year and/or summer programs funded through this ASOST-Q continuation grant. This will help in our planning for any possible site visits next year.

School Year Start/End Dates:

 Summer Start/End Date:

1. **FY2023 Success Stories:** Please provide a brief summary of the implemented grant activities and resulting successes*.*
2. **FY2023 Lessons Learned:** Please describe lessons learned that will inform next year’s program improvements and quality enhancements [Category A], increased access [Category B] or professional development offerings [Category C]. Where applicable, include an analysis of the data collected from program or PD evaluation activities, including, but not limited to, the grant-required APT-O [Categories A or B].
3. **FY2023 Outcomes:** Please briefly summarize the outcomes you have achieved as a result of implementing your quality enhancement(s) [Category A], increased access [Category B] or professional development offerings [Category C]. Please also address if there were any outcomes that were anticipated but not achieved, as indicated by your responses to the outcome question in the [data report](https://survey.alchemer.com/s3/7415800/FY2023-ASOST-FC-530-528-Year-End-Data-Report) that is also linked to above.
4. **(FY2024 Plans)** **Total Funding to Support ASOST Programming:** Please complete the chart below describing all funds that support the ASOST programming that is being supported through this grant. *Please do not include the amount you are requesting from this proposal.*

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| **Funding Source**  | **Total Amount**  | **Detail**  |
| Federal  |   |   |
| State (for example Early Education and Care [EEC] subsidy funds would be here, if applicable)  |   |   |
| Local  |   |   |
| Private  |   |   |
| Other  |   |   |
| **Total**  |   |   |

1. **CATEGORY A ONLY: Proposed Quality Enhancements**
2. For which quality criteria area(s)\* are you proposing to implement enhancements? (Put an ‘x’ next to all that apply)

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|  | **A. Comprehensive Academic, Social-Emotional, Health/Wellness and Enrichment Services** |
|  | **B. Partnerships** |
|  | **C. Serving Special Populations** |
|  | **D. Family Engagement** |
|  | **E. Highly Qualified Staff** |
|  | **F. Evaluation Systems** |
|  | **G. Cultural Competence & Equity** |

1. Describe planned activities within each proposed quality enhancement that will be supported by this grant. Please specify what will happen, who will do it and when and how impact will be evaluated. [Note: Please be specific only to quality enhancement activities this grant will be supporting.]
2. **CATEGORY B ONLY: Increased Access**
3. Please include numbers in chart below.

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| 1. Projected number to be served *without* these grant funds: |  |
| 2. Projected total number to be served *with* these grant funds: |  |
| 3. Total number increased access (Line 2 minus line 1) |  |
| 4. Projected number of additional staff grant funds will provide: |  |

1. Describe how the funding will allow you to increase access to more students particularly for students who have previously been underserved, including but not limited to students considered as low-income, BIPOC (black, indigenous and other people of color), English learners, special education, migrant, experiencing homelessness, in foster care and living in rural areas.

**8. CATEGORY C ONLY: Regional or Statewide Professional Development (PD)/Networking**

1. **Regional or Statewide:** Please indicate the region(s) in which proposed PD and networking will occur.

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|  | **Statewide** (To be considered for “Statewide” implementation, applicant must propose professional development (which includes opportunities for networking) for all regions listed below. Opportunities offered may be virtual. |
| **AND/OR** |
|  | **Boston** |
|  | **Central** |
|  | **Greater Boston** |
|  | **Northeast** |
|  | **Southeast** |
|  | **West (Includes “Berkshires” and “Pioneer Valley”)** |

1. **PD/Quality Criteria Areas\*:** Please describe how the topic areas for the PD/networking offerings were determined based on current input from ASOST providers and put an ‘x’ next to each quality criteria area\* apply. **Note:** While not limited to these areas, the Department, based on needs assessments conducted is seeking proposals for PD/networking that include engaging academic recovery, project-based learning, cultural responsiveness, social and emotional learning, behavior support, and family engagement as well the convening of regional networks to work with the Department and EEC to support the implementation of school and community partnerships.

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|  | **A. Comprehensive Academic, Social-Emotional, Health/Wellness and Enrichment Services** |
|  | **B. Partnerships** |
|  | **C. Serving Special Populations** |
|  | **D. Family Engagement** |
|  | **E. Highly Qualified Staff** |
|  | **F. Evaluation Systems** |
|  | **G. Cultural Competence & Equity** |

**CATEGORY C ONLY: Regional or Statewide Professional Development (PD)/Networking**

1. **Proposed Activities and Timeline:** Please describe the proposed PD offerings to be *provided using this grant funding*. Include the following for each:
	* Session Title
	* 1-paragraph description
	* Session Format (Online, in-person, hybrid, etc.)
	* Target Audience (program administrators, direct staff, etc.)
	* Timeframe (including time of year/date, if known, # of hours)
2. **Recruitment/Follow-Up:** Please describe how you will recruit participants for and market offerings to ASOST programs, including ASOST FC 528-530 grantees and other ASOST providers. Please also describe how you will facilitate registration, follow-up with reminders of sessions and evaluate PD offerings.

*\*NOTE: The quality criteria areas above have been established by the Department in partnership with EEC to guide collaborative statewide system-building efforts**for**ASOST services that will help children and youth in the Commonwealth to be healthy and contributing citizens. See the Guidelines for Quality Enhancements in After-School and Out-of-School Time Programs for more details.*