**PART IIIA REQUIRED PROGRAM INFORMATION  
FISCAL YEAR 2024**

*This will serve as the year-end evaluation and continuation grant application for eligible recipients:*

**FC 645 –** Eligible entities are recipients of 21st CCLC grants for new sites in through Fund Code (FC) 647 in Fiscal Year (FY) 2024**and/or** recipients of 21st CCLC Exemplary Programs grants for sites awarded competitively through FC 646 inFY 2022 and/or FY 2023***.*** Please respond to questions on pages 2-4.

**FC 644-** Report on SY Internship Program – Please respond to Questions on page 5.

**FC 244 –** Entities that meet the FC 645 eligibility requirements above are eligible for sites that received a FC 244/245 grant in FY 2022 and/or FY 2023. Please respond to questions on page 6.

***The Part IIIA is due:***

* ***Friday August 11, 2023.***
* ***Please note the start date for use of funds is 9/1/23.***

***Part IIIB – For both FC 645 and 244 Summer Evaluation and FY2024 Program Plans will be due on September 22, 2023 and will posted on WordPress in early August.***

***HQPBL Cohort III Additional Funding Opportunity –Pages 4 & 5***

Exemplary ELT/OST schools/sites eligible for continuation funding can apply to be considered for Cohort IV of the HQPBL yearlong training series.

If interest exceeds available resources, we will then consider schools/sites that participated in the Nuts & Bolts 21st CCLC PD and/or sites that will be completing its funding cycle in FY25 and eligible to apply for an FY25 Exemplary Grant. We will also develop a wait list in case additional resources become available or a school/site is not able to fulfill the commitment. See section III HQPBL for additional details.

* Interested schools/sites will be eligible to receive up to an additional $15,000 to support staff to fully participate in this unique opportunity.
* **All Interested school/programs should make sure to complete the questions on page 5 HQPBL.**

**Applicant Information**

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| --- | --- | --- | --- | --- | --- |
| **School District /  Applicant Agency** |  | | | | |
| **Program Coordinator / Contact** |  | | | | |
| **Phone** |  | | **Email** |  | |
| **ELT- Total Number of sites for which you are applying for cont. funding** |  | ***ELT* Amount requested for SY 9/1/2023- 6/30/2024** | | **Amount requested for Summer**  **7/1/2024 - 8/31/2024** | **Total Requested ELT** |
|  | |  |  |
| **OST - Total Number of sites for which you are Applying for FC 645 cont. funding.** |  | ***OST* Amount requested**  **9/1/2023- 8/31/2024** | | |  |
| **Total FC 645 Funds requested** | | | | |  |
| **FC244 Enhanced Programs for students with Individualized Education Programs (IEPs) - Total number of sites for which are applying for cont. funding** |  | ***fc 244 Funds Requested*** | | |  |

**General Information**

1. If there will be a change in the district coordinator and/or a site facilitator position in Fiscal Year (FY) 2024 provide the following:

* description of the qualifications/credentials for the required coordinator and/or site facilitator position. If your district/organization currently has a person that will serve in this capacity, describe their qualifications/credentials including any previous experience; and
* the transition plan and the type of support that will be provided to the new coordinator/facilitator.

1. Please describe any other changes or anticipated changes that may affect the 21st CCLC grant at the district or school/site level.
2. Describe any changes in district, school, organizational leadership, grade reconfiguration, etc. If not applicable indicate NA.
3. Other changes not described above.

**FY2023 PROGRAM Information**

1. For the FY 2023 School Year (9/1/22-6/30/23) how many students from private schools in your geographic vicinity participated in the 21st CCLC Program.
2. Based on your midyear report did you reach your intended goals and address areas for improvement?

* If yes, congratulations and please provide a brief synopsis of the changes /improvements made.
* If no, please explain why.

1. **Demographic Data** –please complete for SY 2023 SY programming andadd more rows as needed.

**Please note all sites are expected to submit SAYO data as part of Part IIIB of the continuation grant due September 22, 2023. All sites were required to collect pre/post SAYO T & S.**

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| --- | --- | --- | --- | --- | --- | --- |
| **Site** | **Total students served** | **SY2023 mean hours of prog. offered 9/1/22-6/30/23** | **SY2023**  **mean hours**  **attended 9/1/22-6/30/23** | **SY2023 % econ. disadv. Served** | **SY2023**  **% els served** | **SY2023**  **% swd served** |
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1. For each of the areas below indicate if goals were met. *If* ***not****, for each are in which goals were not met provide a brief explanation as to why*. *Note these may be areas that you want to consider focusing on for improvement in FY2024.*

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| --- | --- | --- |
| **Area** | **Yes** | **No** |
| Did each school/site serve the anticipated number of participants you had expected?  *If you responded no provide a brief explanation as to why:* |  |  |
| Did each school/site serve at least 40% or more students who are economically disadvantaged?  *If you responded no provide a brief explanation as to why.* |  |  |
| Did each school/site serve a percentage of students that receive special education services that matches or preferably exceeds that of the school/ partnering school?  *If you responded no provide a brief explanation as to why:* |  |  |
| Did each school/site serve a percentage of students that are multi-language learners (EL) that matches or preferably exceeds that of the school/partnering school?  *If you responded no provide a brief explanation as to why:* |  |  |
| Did the school/site meet their attendance requirements (SY 100 hrs. for Elementary, 90 hrs. for MS and 100 hrs. for HS and at least 80% of vacation program hours offered)? If **not**, provide a brief explanation as to why.  *If you responded no provide a brief explanation as to why:* |  |  |

1. Describe the process used to implement the APT (Assessment of Program Practices Tool). Include the APT team members, number of observations conducted, and a synopsis of the findings, (strengths and areas for improvement) for each site. If the required APT observation was not conducted, explain why.
2. For each site, use the chart below to highlight and summarize at least one of the program’s most successful projects/enrichments/accomplishments. Add additional rows as needed.

|  |  |  |
| --- | --- | --- |
| **Site** | **Activity/Project Name**  **Brief Description** | **SAYO Outcome(s) Supported** |
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1. Describe participation in any training/networking opportunities provided by the Department DESE) in FY2023 and any programmatic changes or new programming, and/or new programming ideas that resulted from participation.
2. If grant funds were used to purchase any type of electronic equipment such as laptops, handheld devices (iPads, chrome books, etc.), cameras, printers, or other types of media equipment, you are required to have a process in place to inventory and track these items.

* Please attach to your grant submission an inventory of electronic items purchased.
* Describe the process you use to inventory and track electronics purchased with grant funds.
* Describe below how the items were used to enhance the 21st CCLC program and learning.

**HQPBL** ***Cohort IV*** If your school/site is interested in applying to considered for participation in the HQPBL training please **complete the questions below.**

This year-long training series will provide participating educators, school, and programs the opportunity to enhance and expand current practices and/or try new approaches to learning in which students are actively collaborating and engaging in HQPBL that is culturally relevant and coherently aligned to the Massachusetts Curriculum Frameworks.

* Participating schools/programs must be able to commit to forming a 3-5 person team plus the school/site based facilitator who will work collaboratively in the design of their PBL Module.
* Teams must include at minimum one (1) person that brings content knowledge, and an understanding of the curriculum frameworks, learning standards, and assessment.
* Teams must be able to commit to attending training that will include
* A total of five (5) full days of in person training on the following dates. Please note these dates are subject to changes pending availability of space.

**In Person Training Sessions**

* + - December 7 and 8,2023 – 21st CCLC Winter Institute (Thursday and Friday)
    - March 14 and 15, 2024
    - June 7, 2024, Exhibition of Learning

**Virtual 90-Minute Zoom Sessions 3:30-5:00pm**

* + - January 10 & 24, 2024
    - February 7, 2024
    - April 3, 2024
    - May 1 & 15, 2024
* Periodic Check-ins with assigned coaches

**Interested applicants respond to the following questions**

1. In the chart below list the school(s)/site(s) for which you are applying for HQPBL Cohort III. (Add rows as needed)

|  |  |
| --- | --- |
| **School/Site Name** | **Site Contact** |
|  |  |

1. To what extent are educators in your school/program familiar with PBL?
2. Describe any 21st CCLC or other PBL or related professional development opportunities that applicant site educators have attended in the past three (3) years (e.g., Nuts and Bolts).

**FC644- SY Internship Grant- If Applicable**

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| --- | --- |
| **Number of SY Interns Projected** |  |
| **Actual Number of SY Interns** |  |

1. Please describe the strategies used for recruiting HS student interns and the type(s) of training provided to them.
2. Describe the population and grade levels of students that interned in the SY program . Please note interns should reflect the background and identities of the students served by the 21st CCLC grant funds.
3. Describe the specific role(s) of the interns in the SY program( e.g., teaching assistants, academic and social supports, mentors, etc.).
4. Did the internship connect to or provide any of the following

* Work Based Learning Plans
* [MYCAP](https://www.doe.mass.edu/ccte/ccr/mycap/) (My Career and Academic Plan)
* Internship Credits for participating students

1. Describe any training provided for program staff on how to engage with and effectively utilize student interns.
2. Describe the process used to provide student interns with the opportunity to discuss challenges and success, and to reflect on their internship experience for deeper engagement and learning.

**FC 244 PROGRAM Information (if applicaBLE SEE aDDENDUM a)**

**This information willl be shared with the Special edcuation Policy and planning (SEPP) office that genrously provide the funds to support this initiative.**

**Summary Information (Add Rows as needed)**

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| --- | --- | --- | --- | --- |
| **Schools/Sites that received FC244/245** | **% of students with ieps in the school** | **% of students with ieps served in SY23 by the 21st cclc site** | **number of students with ieps served in SY23 by the 21st cclc site** | **projected number of students with ieps to be served in SY24** |
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**When responding to the questions below please provide information specific to each site *for which you are applying for FY2024 FC 244 funds.***

1. Were you able to reach the expected number of participants with Individualized Education Programs (IEPs) for each site included in this application? If not, explain why.
2. Describe how the FC 244 funds were used this past year to support, enhance or expand planned programming and services . Summarize one (1) to two (2) of the program’s accomplishments, over the past year with regards to FC 244/245.
3. If additional staff were hired to support the students with IEPs describe their credentials and role in the program (e.g., inclusion specialist, 1:1, etc.).