**File uploaded must be named: OrganizationName-LE-ProgramName-ELO Scope 23-24.pdf**

**File MUST be uploaded to E-Grants as a PDF** (*not Word, Google Docs, Image, etc*)

|  |  |
| --- | --- |
| **School/Organization Name(s)** |  |
| **School/Organization LE #** |  |
| **Primary Contact Name & Title** Who is the person who will be processing the grant requests for cash, providing data for required reports, and managing the programming effort? (*If this is multiple different people, please list each with Name/Title*)In E-Grants this person is referred to as the Authorized Representative. |  |
| **Primary Contact Phone #(s)** |  |
| **Primary Contact Email(s)** |  |

|  |  |
| --- | --- |
| **Project/Program Name**What are you calling your program or project? | AFTERSCHOOL Program: \_\_\_SUMMER Program: \_\_\_ |
| **Organization Mission/Philosophy**Include your organization’s mission and educational philosophy. |  |
| **Program Description**Describe what problem is being addressed, and your programming effort is to solve this problem. This is a high-level narrative (not list) description. It should include general student demographics, budget, staff qualifications, programing, partnership efforts, etc.  | AFTERSCHOOL Program: \_\_\_SUMMER Program: \_\_\_ |
| **Program History**Summarize the previous program experience and years in service. |  |
| **Budgets and Funding Sources**Total budget for the programming effort should be provided by several sources.In this section provide the **total amount** for the program and at least **3 specific areas** the grant funds will be applied to. What are the big categories the funds will be used for? | Total AFTERSCHOOL Program Budget: $\_\_\_* Staffing (salaries & benefits): $\_\_\_
* Professional Development: $\_\_\_
* Curriculum: $\_\_\_
* Supplies: $\_\_\_
* [Other budget categories]: $\_\_\_

AFTERSCHOOL Program Funding Sources:* ESSER ELO Afterschool ‘23-24 Grant: $25,000 possible = \_\_\_% of budget
	+ Specific budget categories funded by this grant?
* [Other funding sources]: $\_\_\_ = \_\_\_% of budget

Total SUMMER Program Budget: $\_\_\_* Staffing (salaries & benefits): $\_\_\_
* Professional Development: $\_\_\_
* Curriculum: $\_\_\_
* Supplies: $\_\_\_
* [Other budget categories]: $\_\_\_

SUMMER Program Funding Sources:* ESSER ELO Summer ’24 Grant: $25,000 possible = \_\_\_% of budget
	+ Specific budget categories funded by this grant?
* [Other funding sources]: $\_\_\_ = \_\_\_% of budget
 |
| **Program Timelines**Start and end dates, days/week, times programming is offered. *Reminder: The maximum timeline for this grant is Fall ‘23, Spring ‘24, and Summer ‘24 (September 1, 2023 – August 31, 2024)* | AFTERSCHOOL Date range: \_\_\_* AFTERSCHOOL Days/week: \_\_\_
* AFTERSCHOOL Times: \_\_\_

SUMMER Date range: \_\_\_* SUMMER Days/week: \_\_\_
* SUMMER Times: \_\_\_
 |
| **SMART Goals/Objectives*** **S**pecific,
* **M**easurable (how do you know objectives are met),
* **A**mbitious (but achievable),
* **R**ealistic,
* **T**imely (when will goal be achieved).

List at least 3 specific program goals/objectives as a result of this grant and programming effort. Goals must connect to content standards in Reading and/or Math. Please also include specific evidence-based practices/strategies used to meet those goals. | AFTERSCHOOL Program Goal 1: \_\_\_* Evidence-Based Strategy 1: \_\_\_

AFTERSCHOOL Program Goal 2: \_\_\_* Evidence-Based Strategy 2: \_\_\_

AFTERSCHOOL Program Goal 3: \_\_\_* Evidence-Based Strategy 3: \_\_\_

SUMMER Program Goal 1: \_\_\_* Evidence-Based Strategy 1: \_\_\_

SUMMER Program Goal 2: \_\_\_* Evidence-Based Strategy 2: \_\_\_

SUMMER Program Goal 3: \_\_\_* Evidence-Based Strategy 3: \_\_\_
 |
| **Student Gains** List at least 3 specific student gains as a result of this grant and programming effort. Please also relate the need for the grant funding and the student gains to covid (prepare, prevent, respond). | Student Gain 1: \_\_\_Student Gain 2: \_\_\_Student Gain 3: \_\_\_ |
| **School Partnerships**How is this program partnering with local school district(s) to support the goals in their school plans?See link for district plans here: <https://opi.mt.gov/COVID-19-Information/ESSER#10664912075-esser-state-and-district-plan>  | Local School District Name(s): \_\_\_Copy-and-Paste the Link(s) to School Plan(s): \_\_\_Specific School Plan goals supported by this program: \_\_\_ |
| **Partnerships**What other organizations are helping in the programming, financing, and/or staffing of the program effort?  |   |
| **Pre/post testing**Describe how you will conduct pre- and post-testing to measure gains in Math and/or Reading. How else will you measure the outcomes achieved from your SMART goals?***NOTE*** *that STAR, MAP, and other Standardized tests do not qualify as pre/post tests specific to this programming effort.* | AFTERSCHOOL Program: \_\_\_SUMMER Program: \_\_\_ |
| **Anticipated Participation & Demographics**Please describe the anticipated student population served by your program(s). Please include grade levels, number of students, geographic area, and other demographics or at-risk status (such as low income, learning disabilities, first generation, single-parent, etc.) Feel free to include any demographic details you feel are relevant. Which methods are you using to determine this data? | Geographic Area(s) Served: \_\_\_AFTERSCHOOL Program:* Anticipated # of students: \_\_\_
* Anticipated # of students who will attend at least 51% of time offered: ­\_\_\_
* Anticipated # of students who are low-income qualifying: \_\_\_
* Anticipated Grade Levels served: \_\_\_
* Anticipated Demographics / At-Risk Statuses: \_\_\_

SUMMER Program:* Anticipated # of students: \_\_\_
* Anticipated # of students who will attend at least 51% of time offered: \_\_\_
* Anticipated # of students who are low-income qualifying: \_\_\_
* Anticipated Grade Levels served: \_\_\_
* Anticipated Demographics / At-Risk Statuses: \_\_\_
 |
| **Reducing Barriers to Participation**How will you ensure financial and transportation barriers to participation will be addressed? How will students get to/from your program location? If you are providing transportation, please give details as to how it will be provided. | Financial considerations: \_\_\_Transportation considerations: \_\_\_Other considerations: \_\_\_ |
| **Program Evaluation**How will your program be evaluated to show success and identify areas of improvement? How has the program been improved based on previous years’ evaluation? The evaluation must be based on the program/project’s performance goals, desired student outcomes and indicators for success. The results of the evaluation must be used to refine, improve, and strengthen the program/project. |  |
| **Staff and Qualifications**Please describe how your program will be staffed, including position titles, certifications, and other qualifications. *If Afterschool and Summer staffing differ, please specify differences*. |  |
| **Professional Development**Describe the training you will provide to staff as part of the program effort. |  |

After completing the table above, you may include additional information at the end of this document. Must be included in the **same** **single** **file**. For example, you could include the actual pre/posttests you want to use, or staff qualification lists, or links to evidence-based curriculum you are using.