# Appendix I: Technical Assistance Proposal – CCSP Grant (2-year)

|  |
| --- |
| School Name:  |
| Grant Contact Person:  |
| **Session Title/Event** | **Requirement** | **Target Dates** | **Attendees** |
|  |  | *Please "X" the event you intend to attend or have completed. Where not provided, please indicate the scheduled or targeted date.* | *Please "X" the actual or proposed attendees for each event.* |
| **Year 1 Implementation Subgrantee Participation (record what has been completed, and what is proposed)** |
| CCSP Grant and Application Training | Required | \_\_\_ Fall  | \_\_\_ Founder(s) \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager  |
| CCSP Grant Budget Workshop | Encouraged | \_\_\_ Fall \_\_\_ Winter | \_\_\_ Founder(s) \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager |
| CCSP Grant Post-Award Webinar | Required | \_\_\_ Fall  | \_\_\_ School grant contact (required)\_\_\_ Founder(s) \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager |
| CCSP Implementation Grant Site Visit | Required | CDE Schools of Choice will schedule with school | \_\_\_ Founder(s) \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager |
| **Governing Board Support** |
| CDE Charter School Board Training Modules | Required | Complete all 30 modules by date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Founder(s) \_\_\_ Board member(s) (required)  |
| CDE Board Fundamentals  | Required | \_\_\_ Fall \_\_\_ Spring | \_\_\_ Board member(s) (required) \_\_\_ Administrator(s) |
| CDE School Performance Management Training or Tutorial *(training request form required)* | Required | \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ | \_\_\_ Board member(s) (required) \_\_\_ Administrator(s) |
| Data Dashboard with Academic, Culture, Financial, and Operational Measures *(training request form required)* | Required | \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ | \_\_\_ Board member(s) (required) \_\_\_ Administrator(s) |
| CDE Unified Improvement Plan Training *(training request form required)* | Required | \_\_\_ Fall | \_\_\_ Board member(s) (required) \_\_\_ Administrator(s) |

|  |
| --- |
| **Administrator Support** |
| Administrator Mentoring *(training request form required)* | 32-40 hours required  | \_\_\_ Provider: \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Administrator(s) |
| CDE Administrator Mentoring Cohort Meeting | 4 required | \_\_\_ September\_\_\_ October \_\_\_ November \_\_\_ February \_\_\_ March\_\_\_ June | \_\_\_ Administrator(s) |
| CDE Unified Improvement Plan Training *(training request form required)* | \_\_\_ Fall | \_\_\_ Board member(s) \_\_\_ Administrator(s) (required) \_\_\_ Business manager \_\_\_ Instructional staff |
| Specialized Instructional Leadership Training *(training request form required)* | \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Board member(s) \_\_\_ Administrator(s) (required) \_\_\_ Business manager \_\_\_ Instructional staff |
| **Business Office Support** |
| CDE Annual Finance Seminar | 3 required | \_\_\_ Fall | \_\_\_ Founder(s) \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager  |
| CDE Business Managers Network Meetings | \_\_\_ November \_\_\_ January \_\_\_ March \_\_\_ May | \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager |
| Specialized Business Office Training *(training request form required)* | \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager |
| **Year 2 Implementation Subgrantee Participation** |
| **Subgrantee Support** |
| Charter School Support Initiative Webinar | Encouraged | \_\_\_ Webinar recording | \_\_\_ Founder(s) \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager  |
| CCSP Grant Renewal Proposal Webinar | Required | \_\_\_ Fall | \_\_\_ School grant contact (required)\_\_\_ Founder(s) \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager |
| Charter School Support Initiative Site Visit | Required | CSSI team lead will schedule with school | \_\_\_ Founder(s) \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager |
| **Governing Board Support** |
| Governing Board Self-Assessment *(training request form required)* | Required | \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Board member(s) (required) \_\_\_ Administrator(s) |
| Strategic Planning Training *(training request form required)* | Required | \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Board member(s) (required) \_\_\_ Administrator(s) |

|  |
| --- |
| **Administrator Support** |
| Administrator Mentoring *(training request form required)* | 20-25 hours required | \_\_\_ Provider: \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Administrator(s) |
| CDE Administrator Mentoring Cohort Meeting | 4 required | \_\_\_ September\_\_\_ October \_\_\_ November \_\_\_ February \_\_\_ March\_\_\_ June | \_\_\_ Administrator(s) |
| Specialized Instructional Leadership Training *(training request form required)* | \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Board member(s) \_\_\_ Administrator(s) (required) \_\_\_ Business manager \_\_\_ Instructional staff |
| CDE Unified Improvement Plan Training *(training request form required)* | \_\_\_ Fall | \_\_\_ Board member(s) \_\_\_ Administrator(s) (required) \_\_\_ Business manager \_\_\_ Instructional staff |
| **Business Office Support** |
| CDE Annual Finance Seminar | Required | \_\_\_ Fall | \_\_\_ Founder(s) \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager |
| CDE Business Managers Network Meeting  | 3 required | \_\_\_ November \_\_\_ January \_\_\_ March \_\_\_ May | \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager |
| Specialized Business Office Training *(training request form required)* | \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager |