

##### Funding Opportunity

Applications Due: **Friday, December 13, 2019 at 11:59 pm**

Application Information Webinar: **Wednesday, October 30, 2019, from 1-2 pm**

Intent to Apply Due: **Friday, November 1, 2019, by 11:59 pm**

|  |
| --- |
| **K-5 Social-Emotional Health Pilot Program**PURSUANT TO: HB 19-1017, Colorado K-5 Social and Emotional Health Act |



**For Program Questions:**

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# Colorado K-5 Social-Emotional Health Pilot Program

# Applications Due: Friday, December 13, 2019, by 11:59 pm

# Introduction

School mental health professionals, including school social workers, positively impact the school environment by working with young students and their families to identify safety net insecurities, social and emotional skills deficits, instances of abuse and neglect, and mental health challenges. Identifying these student issues as early as possible increases the likelihood that problems can be resolved successfully and in a manner that decreases long-term problems with learning and other barriers to student success in the future.

The intent of the K-5 Social-Emotional Pilot Program is to place a team of school mental health professionals in every pilot program school and will allow the team, in partnership with classroom teachers, to provide needed support for young students and their families at a critical time in their education. A significant goal of the pilot program is to ensure that students of elementary age receive the right level of necessary services, in the right place, and at the right time to help remove the burden placed on teachers to be everything to a student, from therapist to family counselor, and instead allows teachers to return to their primary task: teaching.

The pilot program will enable parents, students, teachers, administrators, and school mental health professionals to create a safe, positive, and successful school learning environment.

# Purpose

The intent of the pilot is to provide funding for K-5 social and emotional health pilot program in the department to determine the impact of dedicated school mental health professionals in kindergarten through fifth grade in elementary schools that have high-poverty, high-need students.

**Program Definitions**

The statutory definition of a "**school counselor**" means a counselor holding a master's degree in educational counseling and a professional special services license in Colorado with an endorsement in school counseling, including but not limited to: the completion of course work in the areas of academic and social-emotional development; assessment for social and emotional concerns, including suicide prevention and intervention; crisis intervention; social-emotional prevention programs, including character education and violence prevention; and mental health, protective factors for at-risk students, and career awareness, exploration, and planning.

The statutory definition of a "**school mental health professional**" means a school counselor, a school psychologist, or a school social worker.

# Eligible Applicants

Education Providers (on behalf of schools serving Kindergarten through 5th grade) are eligible to apply for this opportunity in order to enhance the presence of school mental health professionals in K-5 schools. An eligible Education Provider is:

* A school district;
* The Charter School Institute;
* A Board of Cooperative Services (BOCES);
* A Charter school authorized by a school district; or
* A Charter school authorized by the Charter School Institute.

Applications will not be accepted from individual non-charter schools within a school district or BOCES. Those schools must have the district or BOCES apply on their behalf. Note: charter schools may submit individual applications but must be authorized by a school district or CSI. If funded, the charter school’s authorizer will serve as the fiscal agent.

# Priority Consideration

The following considerations will be made when selecting pilot schools:

* Rural, small, and geographically diverse schools;
* Schools located in a school district that has a high rate of youth suicide, attempted suicide, or suicidal ideation;
* Schools that have a high-poverty student population; and
* Schools that have a high percentage of students who experience or may experience food insecurity, as evidenced by the number or percentage of students in the school who are eligible for free and reduced-priced meals.

Pilot schools may also include the following:

* Schools located in large, metropolitan school districts;
* Schools that have significant ethnic, cultural, and language diversity within their student populations, which may include students from refugee populations;
* Schools that have a high number or density of youth who are students in out-of-home placement;
* Schools that are in a school district that has a high percentage of students who are adjudicated delinquent; and
* Schools that are in a school district that has a plan in place to recruit, hire, and retain a diverse workforce that reflects the race, ethnicity, and other characteristics of the student body.

# Available Funds

Local Education Providers may request up to $500,000 per year of the three-year pilot program, Funding is contingent upon approval of appropriations from the State Legislature and funding in subsequent years for pilot participants is contingent upon continued appropriations and upon grantees meeting all grant, fiscal and reporting requirements.

# Required Pilot Activities

In the first and subsequent years of operation of the pilot program:

* Each participating pilot school shall employ or contract with additional school mental health professionals so that each of grades one through five and the kindergarten program in each pilot school has a school mental health professional dedicated to each grade and the kindergarten program.
* If a single grade or the kindergarten program has more than 250 students, additional school mental health professionals must be added to the grade or kindergarten program to maintain a ratio of approximately one school mental health professional per two hundred fifty students, as determined by the pilot school.
* A small pilot school shall maintain a ratio of approximately one school mental health professional per two hundred fifty students, as determined by the pilot school. At least one of the school mental health professionals at each pilot school must be a school social worker.

The goal of the pilot program is for a school mental health professional to develop an ongoing relationship with pilot school students and to follow those students, to the extent possible, as the students advance through the grades at the pilot school. This will allow the school mental health professional to understand the needs of the students and their families over time and to help address those needs over time, if necessary. To achieve this goal, School mental health professionals in each pilot school:

* May be assigned to a cohort of students by grade or, in a smaller school, by multiple grades.
* Shall work as a team to address the academic and social-emotional needs of the pilot school's students and to create a safe and positive school learning environment through additional behavioral health supports.
* Shall work with each professional providing services to students and offering training and resources to school faculty and administrators that are authorized under the school mental health professional's special services license and endorsement.
* Shall provide the school with resources to develop and improve the social and emotional health of students, including resources translated into the primary languages of the student population to the extent possible, and create a safe and positive learning environment through additional behavioral health supports.
* Shall provide social and emotional skill building in the school and with students in the classroom.
* Must provide services or arrange for services to be provided for students at the school and during school hours or when student busing is available. Services provided by the school mental health professional to the student must include the student's family and household, where appropriate. The school mental health professional is specifically authorized to make home visits when appropriate under the circumstances and consistent with licensure.
* Shall participate in the school's or the district's multi-tiered systems of support process to assist in developing appropriate plans for the mental health and behavioral needs of individual students.

School mental health professionals may, consistent with the school mental health professional’s job duties and licensure:

* Assist students and their families with applying for and obtaining necessary public benefits for which each student and the student's family is eligible;
* Provide services and supports to students who have an individualized education program, as provided in section 22-20-108 C.R.S.;
* Consult and coordinate with other school professionals on behalf of students and support families accessing community-based resources as needed and appropriate; and
* Identify food insecurity, homelessness, and other issues affecting students and make referrals to services within the community, bringing those services into the school setting where possible.

# Allowable Use of Funds

* Hiring FTEs may include State Certified School Counselor, School Psychologist, or School Social Worker.
* Staff salary, benefits, training, and professional development and associated travel costs
* Resources for school staff on the implementation of evidence-based programming on social and emotional learning and school mental health.
* Screening, early identification practices and referrals for students.

\*Individuals who will fill these positions under this grant must be currently licensed through the Colorado Department of Education or have a license through DORA and must be able to obtain a license within 30-60 days of being hired through this grant. Positions for school professionals who are not licensed through the Colorado Department of Education and/or DORA will not be funded through this grant.

Funding ***may not*** be used for hiring for district-level positions, administrative costs, or incentives for students.

Participating pilot schools must employ or contract with the same number of school mental health professionals employed by or contracted with the pilot school during the 2020-2021 school year, so that the appropriation to the pilot school for the pilot program supplements, but does not supplant, the pilot school's existing expenditures for school mental health professional positions prior to the operation of the pilot program.

# Duration of Program

The initial pilot program will run for three years. Operation of the pilot program will begin July 1, 2020 for the 2020-2021 school year and continues through the conclusion of the 2022-2023 school year. Subsequent years of the pilot are contingent upon continuation of funding by the Colorado General Assembly.

# Evaluation and Reporting

Each Education Provider that receives funds through this grant program must submit the following information:

**Mid-Year Progress Report: Due January 31, 2021** (see **Attachment A**)

Please include the following information and any applicable data in your report:

1. Describe the progress on the budget spending through January.
2. Pilot schools shall cooperate fully with the pilot program evaluator’s collection and analysis of data and information relating to the pilot program’s impact and outcomes. (see **Attachment B**)
3. Describe the projected goals you plan to have completed/accomplished by the end of this school year.
4. Describe any current unexpected roadblocks that have occurred so far this year that is hindering the goals of the work plan.

**End-Of-Year Program Report: Due June 1, 2021** (see **Attachment A**)

Please include the following information and any applicable data in your report

1. The number of school professionals hired;
2. A list and explanation of the services provided;
3. Resources used to support the program;
4. Professional development received for school professionals, faculty and staff; and
5. Students served.
6. Pilot schools shall report data to program evaluator as outlined in **Attachment B**.

See **Attachment B** for Social-Emotional Health Pilot program reporting requirements. Additionally, interim fiscal reports will be due mid-year on January 31, 2021. Grantees may also be selected for a site visit by CDE program staff during the 2020-2021 school year.

# Data Privacy

CDE takes seriously its obligation to protect the privacy of student and educator Personally Identifiable Information (PII) collected, used, shared, and stored. Therefore, CDE provides a secure system to collect information, survey responses, and PII for this grant program. PII will be collected, used, shared, and stored in compliance with CDE’s privacy and security policies and procedures.

Please note: Documents submitted in support of the application must not contain any personally identifiable student or educator information including names, identification numbers, or anything that could identify an individual. All data should be referenced/included in the aggregate and the aggregate counts should be redacted to remove small numbers under n=16 for students or n=5 for educators.

# Technical Assistance

An application training webinar will be held on **Wednesday, October 30, from 1-2 pm**. Interested parties may access the webinar at <https://zoom.us/j/431804130>.

If interested in applying for this funding opportunity, please submit the Intent to Apply (see **Attachment C**) at [www.surveymonkey.com/r/k5sep\_loi](https://www.surveymonkey.com/r/k5sep_loi) by **Friday, November 1, 2019, by 11:59 pm**.

# Review Process and Timeline

Applications will be reviewed by CDE staff and peer reviewers to ensure they contain all required components. Applicants will be notified of final application status no later than **Wednesday, January 15, 2020**.

**Note:** This is a competitive process – applicants must score at least 80 points out of the 115 possible points to be approved for funding. Applications that score below 80 points may be asked to submit revisions that would bring the application up to a fundable level. There is no guarantee that submitting an application will result in funding or funding at the requested level. All award decisions are final. Applicants that do not meet the qualifications may reapply for future grant opportunities.

# Submission Process and Deadline

An electronic copy of the application (in PDF format) and electronic budget (in Excel format) must be submitted to CompetitiveGrants@cde.state.co.us by **Friday, December 13, 2019, by 11:59 pm**. The electronic version should include all required components of the application as one document. Please attach the electronic budget workbook in Excel format as a separate document. Faxes will not be accepted. Incomplete or late applications will not be considered. If you do not receive an email confirmation of receipt of your application within 24 hours after the deadline, please email CompetitiveGrants@cde.state.co.us. Application materials and budget are available for download on the CDE website at [www.cde.state.co.us/healthandwellness](http://www.cde.state.co.us/healthandwellness).

Submit the electronic copy of the application and electronic budget to: CompetitiveGrants@cde.state.co.us

By: **Friday, December 13, 2019, by 11:59 pm**

# Application Format

* The total narrative (Part II) of the application **cannot exceed 10 pages**. Please see below for the required elements of the application.
* Typed applications are strongly preferred and should be submitted in 12-point font and single-spaced with 1-inch margins and numbered pages.
* All pages should be on standard letter size paper, 8.5” x 11”.
* The signature page must include original signatures of the lead organization/fiscal agent.

# Required Elements

The format outlined below must be followed in order to assure consistent application of the evaluation criteria. **See evaluation rubric for specific selection criteria needed in Part II (pages 12-15).**

**Part I: Application Introduction** (not scored, does not count toward page limit)

IA: Cover Page

IB: Recipient School Information

IC: Assurances Form

**Part II: Narrative** (cannot exceed 10 pages)

Section A: Needs Assessment

Section B: Proposed Program Description

Section C: Partnerships

Section D: Sustainability

Section E: Budget Narrative and Electronic Budget Form (form does not count toward page limit)

**Colorado K-5 Social-Emotional Health Pilot Program**

# Applications Due: Friday, December 13, 2019, by 11:59 pm

# Part IA: Cover Page - Applicant Information

Complete and attach as the first page of application.

|  |
| --- |
| **Local Education Provider Information** |
| **LEP Name:** |  | **LEP/BOCES Code:** |  |
| **Mailing Address:** |  |
| **Type of Education Provider**Check box below that best describes your organization. |
| ☐ School District ☐ Board of Cooperative Educational Services (BOCES) ☐ Charter School Institute |
| **Region**Indicate region of Colorado this program will directly impact. |
| ☐ Metro ☐ Pikes Peak ☐ North Central ☐ Northwest☐ West Central ☐ Southwest ☐ Southeast ☐ Northeast |
| **Pilot School(s)**List all schools impacted by this funding. Additional rows may be added. |
|  |  |
|  |  |
| **Authorized Representative Information** |
| **Name:** |  | **Title:** |  |
| **Telephone:** |  | **E-mail:** |  |
| **Program Contact Information** |
| **Name:** |  | **Title:** |  |
| **Telephone:** |  | **E-mail:** |  |
| **Fiscal Manager Information** |
| **Name:** |  |
| **Telephone:** |  | **E-mail:** |  |
| **Amount Requested**(i*ndicate the total amount of funding you are requesting for participation in the pilot*) |
| **Year 1 (2020-2021)** | $ | **Year 2 (2021-2022)** | $ | **Year 3 (2022-2023)** | $ |

# Part IB: Participating Pilot School Information and Signature Page

Complete the requested information for each school participating in the pilot program and attach after the Cover Page. If necessary, additional copies of this page may be attached in order to include each participating school.

|  |
| --- |
| **Recipient School Information** |
| **School Name:** |  | **School Code:** |  |
| **Principal Name:** |  | **Charter School:** | [ ]  Yes [ ]  No |
| **Telephone:** |  | **E-mail:** |  |
| **Principal Signature:** |  |

|  |
| --- |
| **Recipient School Information** |
| **School Name:** |  | **School Code:** |  |
| **Principal Name:** |  | **Charter School:** | [ ]  Yes [ ]  No |
| **Telephone:** |  | **E-mail:** |  |
| **Principal Signature:** |  |

|  |
| --- |
| **Recipient School Information** |
| **School Name:** |  | **School Code:** |  |
| **Principal Name:** |  | **Charter School:** | [ ]  Yes [ ]  No |
| **Telephone:** |  | **E-mail:** |  |
| **Principal Signature:** |  |

|  |
| --- |
| **Recipient School Information** |
| **School Name:** |  | **School Code:** |  |
| **Principal Name:** |  | **Charter School:** | [ ]  Yes [ ]  No |
| **Telephone:** |  | **E-mail:** |  |
| **Principal Signature:** |  |

|  |
| --- |
| **Recipient School Information** |
| **School Name:** |  | **School Code:** |  |
| **Principal Name:** |  | **Charter School:** | [ ]  Yes [ ]  No |
| **Telephone:** |  | **E-mail:** |  |
| **Principal Signature:** |  |

# Part IC: Program Assurances Form

The appropriate Authorized Representatives must sign below to indicate their approval of the contents of the application K-5 Social-Emotional Health Pilot Program, and the receipt of program funds.

|  |  |  |  |
| --- | --- | --- | --- |
| On | (date) | , 2019, the Board of | (district/BOCES/CSI) |

hereby agrees to the following assurances:

1. The grantee will annually provide the Colorado Department of Education the evaluation information required in the Mid-Year Report and the End-of-Year Report (**Attachment A**) of the Request for Proposal.
2. The grantee will work with and provide requested data to CDE for the K-5 Social-Emotional Health Pilot within the time frames specified.
3. Prior to a selected school implementing the pilot program, the school must notify all parents or legal guardians of students at the school of the school's selection as a pilot school.
4. The grantee will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
5. Funds will be used to supplement and not supplant any funds currently being used to provide services for students in schools and grant dollars will be administered by the appropriate fiscal agent.
6. Funded projects will maintain appropriate fiscal and program records and fiscal audits of this program will be conducted by the grantees as a part of their regular audits.
7. If any findings of misuse of these funds are discovered, project funds will be returned to CDE.
8. The grantee will maintain sole responsibility for the project even though subcontractors may be used to perform certain services.

The Colorado Department of Education may terminate a grant award upon thirty (30) days’ notice if it is deemed by CDE that the applicant is not fulfilling the requirements of the funded program as specified in the approved project application, or if the program is generating less than satisfactory results.

Project modifications and changes in the approved budget must be requested in writing and be approved in writing by the CDE before modifications are made to the expenditures. Please contact Marti Rodriguez, Office of Grants Fiscal Management (Rodriguez\_M@cde.state.co.us | 303-866-6769) and Sarah Mathew (Mathew\_S@cde.state.co.us) for any modifications.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of School Board President/BOCES President(if applicable) |  | Signature |
|  |  |  |
| Name of District Superintendent orCharter School/BOCES Executive Director (if applicable) |  | Signature |
|  |  |  |
| Name of Charter School Board President(if applicable) |  | Signature |
|  |  |  |
| Name of Charter School Institute Authorized Representative(if applicable) |  | Signature |

# Colorado K-5 Social-Emotional Health Pilot Program

# Applications Due: Friday, December 13, 2019, by 11:59 pm

# Application Scoring

CDE Use Only

|  |  |  |
| --- | --- | --- |
| **Part I:** | **Application Introduction** | No Points |
| **Part II:** | **Narrative** |  |
|  | Section A: | Needs Assessment |  | /33 |
|  | Section B: | Proposed Program Description |  | /42 |
|  | Section C: | Partnerships |  | /12 |
|  | Section D: | Sustainability |  | /6 |
|  | Section E: | Budget Narrative and Electronic Budget Form |  | /22 |
| **Total:** |  | **/115** |

**GENERAL COMMENTS:** Please indicate support for scoring by including overall strengths and weaknesses. These comments will be provided to applicants with their final scores.

**Strengths:**

**Weaknesses:**

**Required Changes:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RECOMMENDATION:** | Funded |  |  | Funded with Changes |  |  | Not Funded |  |

# Selection Criteria and Evaluation Rubric

Part I: Application Introduction (No Points)

Cover Pages and Assurances

Complete applicant information and program assurances and include as the first pages of the application.

**Part II: Narrative (115 Points)**

The following criteria will be used by reviewers to evaluate the application as a whole. In order for the application to be recommended for funding, it must receive at least 80 points out of the 115 possible points and all required elements must be addressed. An application that receives a score of 0 on any required elements will not be funded.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section A: Needs Assessment** | **Minimally Addressed or Does Not Meet Criteria*****(information not provided)*** | **Met Some but Not All Identified Criteria*****(requires additional clarification)*** | **Addressed Criteria but Did Not Provide Thorough Detail*****(adequate response, but not thoroughly developed, or high-quality response)*** | **Met All Criteria with High Quality*****(clear, concise, and well thought out response)*** | **TOTAL** |
| 1. Using data where applicable, describe the extent to which the Education Provider has seen increased incidence of food insecurity and homelessness, youth suicide, suicidal ideation, high poverty and other factors contributing to long term problems with student success.
 | 0 | 2 | 4 | 6 |  |
| 1. Describe the nature of current mental/behavioral health care strategies in recipient K-5 school(s), to include:
2. screenings,
3. referrals to community organizations, and
4. education and training on academic, social, and emotional health issues.
 | 0 | 2 | 4 | 6 |  |
| 1. Describe the nature of current mental/behavioral systems in place in recipient K-5 school(s), to include:
2. early intervention or disciplinary action,
3. Multi-Tiered System of Supports (MTSS),
4. Academic, social, and emotional learning,
5. Training for these programs for students and staff, related to mental health issues.
 | 0 | 2 | 4 | 6 |  |
| 1. Using data where applicable:
2. identify current gaps in social and emotional learning and mental health care services, and the provision of a safe and supportive learning environment
3. explain current trends or reasons for the gaps in these services.
 | 0 | 3 | 6 | 9 |  |
| 1. Describe the Education Provider’s current school health team in its recipient secondary school(s), including:
2. the number,
3. roles/job titles, and
4. responsibilities of current behavioral/health care professionals.

**OR**If Education Provider does not currently have a team in place, describe plans to create and implement a team at the onset of this grant, if awarded. | 0 | 2 | 4 | 6 |  |
| **Reviewer Comments:** |
| **Total** | **/33** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section B: Proposed Program Description**  | **Minimally Addressed or Does Not Meet Criteria*****(information not provided)*** | **Met Some but Not All Identified Criteria*****(requires additional clarification)*** | **Addressed Criteria but Did Not Provide Thorough Detail*****(adequate response, but not thoroughly developed, or high-quality response)*** | **Met All Criteria with High Quality*****(clear, concise, and well thought out response)*** | **TOTAL** |
| 1. Describe the Education Provider’s:
2. intended recipient K-5 schools,
3. current and proposed number of professionals employed in the recipient K-5 schools, and
4. current and proposed reduced ratio of students to school health providers in the recipient K-5 schools.
 | 0 | 2 | 4 | 6 |  |
| 1. Describe the Education Provider’s plan to:
2. increase the presence of school professionals in identified K-5 schools, and
3. provide social and emotional learning and behavioral health care to K-5 students who have experienced food insecurity and homelessness, suicide ideation and other mental/behavioral health needs.
 | 0 | 5 | 10 | 15 |  |
| 1. Describe the Education Provider’s plan to provide training and resources for:
2. the newly hired school professionals,
3. other behavioral health school team members, and
4. school staff on the implementation of evidence-based programming on suicide, social and emotional learning, and mental/behavioral health education for all K-5 students.
 | 0 | 2 | 4 | 6 |  |
| 1. Describe the Education Provider’s plan to provide training and resources for:
2. the newly hired school professionals,
3. other behavioral health school team members, and
4. school staff on the implementation of evidence-based programming on suicide, social and emotional learning, safe and supportive learning environments, and academic and behavioral health education for all K-5 students.
 | 0 | 2 | 4 | 6 |  |
| 1. Provide a clearly detailed work plan for implementation using the SMART Goals template provided below. Template and timeline should be consistent with desired outcomes of the grant, including increasing the capacity (hiring school professional FTEs, etc.) and effectiveness (with the support of evidence-based training and programming, for example) of the provision of safe and supportive learning environments, academic, social and emotional learning, and mental health services in K-5 school(s).
 | 0 | 3 | 6 | 9 |  |
| **Example:**

|  |
| --- |
| **SMART Goal**(**S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime-phased) |
| **What data will you collect that will indicate the objective has been achieved?**Number participating/in attendance will be counted (for example) |
| **Activity** | **Date to be completed (in chronological order)** | **Job Title of Person Responsible** |
| Contact XXXX. | Month Day, Year |  |
| Plan XXXX. | Month Day, Year |  |
| Contact community partner to support XXXX. | Month Day, Year |  |

 |
| **Reviewer Comments:** |
| **Total** | **/42** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section C: Partnerships** | **Minimally Addressed or Does Not Meet Criteria*****(information not provided)*** | **Met Some but Not All Identified Criteria*****(requires additional clarification)*** | **Addressed Criteria but Did Not Provide Thorough Detail*****(adequate response, but not thoroughly developed, or high-quality response)*** | **Met All Criteria with High Quality*****(clear, concise, and well thought out response)*** | **TOTAL** |
| 1. Describe the extent to which the Education Provider has developed or plans to develop community partnerships to serve:
2. Academic, social and emotional learning
3. Safe and supportive learning environments
4. Mental/behavioral health care needs of its K-5 students.
 | 0 | 2 | 4 | 6 |  |
| 1. Describe the extent to which the Education Provider has planned to involve the following in increasing the capacity and effectiveness of the academic, social and emotional learning, and behavioral health care services provided to K-5 school students:
2. Leaders at recipient K-5 school(s),
3. Faculty at recipient K-5 school(s),
4. Leaders in the surrounding community,
5. Parent and family engagement, and
6. Youth as partners.
 | 0 | 2 | 4 | 6 |  |
| **Reviewer Comments:** |
| **Total** | **/12** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section D: Sustainability** | **Minimally Addressed or Does Not Meet Criteria*****(information not provided)*** | **Met Some but Not All Identified Criteria*****(requires additional clarification)*** | **Addressed Criteria but Did Not Provide Thorough Detail*****(adequate response, but not thoroughly developed, or high-quality response)*** | **Met All Criteria with High Quality*****(clear, concise, and well thought out response)*** | **TOTAL** |
| 1. Describe a clear and well-conceived plan for how the proposed project will be continued once the grant dollars have expired. For example, how will quality behavioral health care services continue to serve to K-5 students once the grant has expired?
 | 0 | 2 | 4 | 6 |  |
| **Reviewer Comments:** |
| **Total** | **/6** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section E: Budget Narrative and Electronic Budget** | **Minimally Addressed or Does Not Meet Criteria*****(information not provided)*** | **Met Some but Not All Identified Criteria*****(requires additional clarification)*** | **Addressed Criteria but Did Not Provide Thorough Detail*****(adequate response, but not thoroughly developed, or high-quality response)*** | **Met All Criteria with High Quality*****(clear, concise, and well thought out response)*** | **TOTAL** |
| Submit **an electronic budget/budget narrative**, in compliance with CDE’s standard fiscal rules. The budget/budget narrative spreadsheet is not included in the 10-page limit but must address the following criteria. |
| 1. Complete and attach the **Budget Spreadsheet (Excel file)**. List costs of the proposed project as presented that are reasonable, necessary and are calculated to show how amounts are determined. The budget should:
2. be sufficient in relation to the objectives, design, scope, and sustainability of project activities, and
3. demonstrate how funds will be used for supplementary services.

**Item Description Example:**.X FTE for [role or title] at $xxxxx per [hour or month or year] times [x per hours or months or year] | 0 | 4 | 8 | 12 |  |
| 1. In addition to submitting the electronic budget, include a **Budget Narrative** *(included in the 10-page limit)* in a narrative format that addresses the following criteria:
2. Provide an explanation that summarizes the proposed uses of grant funds by budget category and is tied to the Proposed Project Description (Section B).
3. Include the cost of the instructional and student support program that the applicant plans to implement using the grant funds.
 | 0 | 1 | 3 | 5 |  |
| 1. Demonstrate how the funds awarded under the program:
2. Will be used to supplement the level of funds available for authorized programs and activities, and
3. Will not supplant federal, state, local, or non-federal funds.
 | 0 | 1 | 3 | 5 |  |
| **Reviewer Comments:** |
| **Total** | **/22** |

# Attachment A: Questions for Mid-Year Progress and End-of-Year Program Reports

Education Providers that receive funds through this grant program are required to submit a mid-year progress report and an end-of-year program report. Submit each report in a Word document via email to Sarah Mathew Mathew\_S@cde.state.co.us) by the deadlines below.

**Mid-Year Progress Report: Due January 31, 2021**

Please include the following information and any applicable data in your report:

1. Describe the progress on the budget spending through January.
2. Describe the progress/completed work that has been done as it aligns with this year’s work plan.
3. Indicate which participants have been involved with work and/or trainings so far this year.
4. Describe the projected goals you plan to have completed/accomplished by the end of this school year.
5. Describe any current unexpected road blocks that have occurred so far this year that is hindering the goals of the work plan.

**End-Of-Year Program Report: Due June 1, 2021**

Please include the following information and any applicable data in your report

1. The number of school professionals hired;
2. A list and explanation of the services provided;
3. Resources used to support the program;
4. Professional development received for school professionals, faculty, and staff; and
5. Students served.

# Attachment B: Social-Emotional Health Pilot Reporting Requirements

Evaluation and reporting requirements as outlined in HB19-1017 CO K-5 Social and Emotional Health Act.

The department and the pilot schools shall cooperate fully with the pilot program evaluator's collection and analysis of data and information relating to the pilot program's impact and outcomes. The department, pilot schools, the pilot program coordinator, and the contracted evaluator shall comply with all state and federal laws relating to the confidentiality of academic and medical records of students and shall provide aggregated data where appropriate.

The pilot program evaluator shall determine the impact of the pilot program on students' academic, mental, social-emotional, and physical health and well-being. The evaluator shall collect and analyze data relating to student and school outcomes, which outcomes may include:

1. The increase or decrease in students' disciplinary referrals, either within the pilot school, or pilot school's district, if relevant, or with law enforcement, and the increase or decrease in students adjudicated delinquent within the pilot school's district;
2. The increase or decrease in students' lost instruction time due to disciplinary action or visits to the school nurse or school counselor;
3. The increase or decrease in excused and unexcused absences and truancy;
4. The increase or decrease in overall student performance on statewide assessments, by grade;
5. The increase or decrease in the student cohorts' grade point average, by grade;
6. The increase in access to supportive services for students and their families, as evidenced by:
	1. An increase in the number or percentage of students identified as eligible for free or reduced-price meals, by grade;
	2. An increase in employment outcomes for students' families;
	3. An increase or decrease in students' food security as demonstrated by an increase or decrease in the number or percentage of students participating in the federal supplemental nutrition assistance program;
	4. An increase or decrease in the number or percentage of eligible students accessing public benefits;
	5. An increase or decrease in the pilot schools' awareness of or involvement with domestic violence or child abuse issues affecting students;
	6. Impact on the school's learning environment and changes to the school climate during the operation of the pilot program and evaluation of school climate;
	7. The reduction in adverse childhood experiences or the positive resolution of adverse childhood experiences, if available;
	8. The reduction in youth suicide and attempted suicide; and
7. Any other relevant data and information relating to pilot program outcomes and impacts as determined by the pilot program evaluator.

# Attachment C: Letter of Intent

The Letter of Intent to apply for the K-5 Social-Emotional Health Pilot is due by **Friday, November 1, 2019 by 11:59 pm**. Submit at [www.surveymonkey.com/r/k5sep\_loi](https://www.surveymonkey.com/r/k5sep_loi). See below for the information requested in the Letter of Intent.

