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

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| School Name: | | | |
| Grant Contact Person: | | | |
| **Session Title/Event** | **Requirement** | | | **Target Dates** | **Attendees** | | | |
|  |  | | | *Please "X" the event you intend to attend. Where not provided, please indicate the scheduled or targeted date.* | *Please "X" the proposed attendees for each event.* | | | |
| **Year 1 Implementation Sub-grantee Participation** | | | | | | | | |
| **Sub-grantee Support** | | | | | | | | |
| 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 | 1 Required | | | \_\_\_ Fall  \_\_\_ Spring | | | | \_\_\_ Board member(s) (required)  \_\_\_ Administrator(s) |
| CDE Unified Improvement Plan Training or Tutorial *(training request form required, see link* [*here*](https://bit.ly/33y07Jj)*)* | Required | | | \_\_\_Fall | | | | \_\_\_ Board member(s) (required)  \_\_\_ Administrator(s) |
| Data Dashboard with Academic, Culture, Financial and Operational Measures  *(training request form required; see link* [*here*](https://bit.ly/2yZTGjV)*)* | Required | | | \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_ Board member(s) (required)  \_\_\_ Administrator(s) |
| **Administrator Support** | | | | | | | | |
| Administrator Mentoring  *(training request form required)* | 32-40 hours required | | \_\_\_ Mentor: \_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_ Administrator(s) | |
| CDE School Administrator Mentoring Cohort (Professional Development) | 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; see link* [*here*](https://bit.ly/33y07Jj)*)* | \_\_\_ Fall | | | | \_\_\_ Board member(s)  \_\_\_ Administrator(s) (required)  \_\_\_ Business manager  \_\_\_ Instructional staff | |
| **Business Office Support** | | | | | | | | |
| CDE Annual Finance Seminar | Encouraged | | \_\_\_ Fall | | | | \_\_\_ Founder(s)  \_\_\_ Board member(s)  \_\_\_ Administrator(s)  \_\_\_ Business manager | |
| CDE Business Manager Network Meeting  *(offered regionally; see TA calendar)* | 1 Required | | \_\_\_November  \_\_\_ February  \_\_\_ April | | | | \_\_\_ 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 Sub-grantee Participation** | | | | | | | | |
| **Sub-grantee Support** | | | | | | | | |
| Charter School Support Initiative Webinar | Encouraged | | \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_ 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 | | | | \_\_\_ Board member(s) \_\_\_ Administrator(s) | |
| **Governing Board Support** | | | | | | | | |
| Board Self-Assessment  *(training request form required; see guidance* [*here*](https://www.cde.state.co.us/cdechart/charter-school-topic-based-webinars)*)* | 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 | | \_\_\_ Mentor: \_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_ Administrator(s) | |
| CDE School Administrator Mentoring Cohort *(Professional Development)* | 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 Individualized Business TA *(by appointment)* |  | | \_\_\_Throughout year | | | | \_\_\_Business manager | |
| Business Operations Mentor  *(training request form required. 4 hrs = 1 credit)* |  | | \_\_\_Ongoing | | | | \_\_\_Business manager | |
| CDE Business Manager Network Meetings  *(offered regionally; see TA calendar)* | 3 required | | \_\_\_ November \_\_\_ February \_\_\_ April | | | | \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager | |
| Specialized Business Office Training  *(training request form required)* | \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager | |
| **Support Options – All Years** |  |  | | | |  | | |
| Topics Based Webinar | Encouraged | \_\_\_November  \_\_\_December  \_\_\_January  \_\_\_February  \_\_\_March  \_\_\_May | | | | \_\_\_ Founder(s) \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager | | |
| Equity Convenings | \_\_\_September  \_\_\_TBA | | | | \_\_\_ Instructional staff  \_\_\_ Founder(s) \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager | | |
| Western Slope Seminar | \_\_\_April | | | | \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager | | |
| National or Colorado Charter School Conference | \_\_\_June/March | | | | \_\_\_Instructional staff  \_\_\_ Founder(s) \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager | | |