# Colorado Charter Schools Program Grant

# Appendix L: Technical Assistance Proposal (3-Year)

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| Charter School Name: | | | |
| Grant Contact Person, including phone and email: | | | |
| **Session Title/Event** | **Participation** | **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.* |
| **Planning Year Sub-Grantee Activities** | | | |
| **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 |
| **Governing Board Support** | | | |
| CDE Charter School Board Training Modules | Required | Complete modules 1-6, 8-11, 14, 17, 18, 23, and 25 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  *(training request form required)* | Encouraged | CDE Schools of Choice will communicate schedule | \_\_\_ Board member(s)  \_\_\_ 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) |
| Specialized Governing Board Training  *(training request form required)* | Encouraged | \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Board member(s)  \_\_\_ Administrator(s) |
| Topic-based Webinars | \_\_\_ November  \_\_\_ December  \_\_\_ January  \_\_\_ February  \_\_\_ March  \_\_\_ May | \_\_\_ Founder(s)  \_\_\_ Board member(s)  \_\_\_ Administrator(s) |

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| **Administrator Support** | | | | | | |
| Administrator Mentoring  *(signed mentor log required)* | | 8-10 hours Required | \_\_\_ Mentor: \_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_ Administrator(s) |
| CDE School Administrator Mentoring Cohort (Professional Development) | | 3 Required | \_\_\_ September  \_\_\_ October  \_\_\_ November  \_\_\_ February  \_\_\_ March  \_\_\_ June | | | \_\_\_ Administrator(s) |
| Specialized Instructional Leadership Training *(training request form required)* | | \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_ Board member(s)  \_\_\_ Administrator(s) (required)  \_\_\_ Instructional staff |
| CDE Unified Improvement Plan Training  *(training request form required)* | | Encouraged | CDE Schools of Choice will communicate schedule | | | \_\_\_ Board member(s)  \_\_\_ Administrator(s) |
| Topic-based Webinars | | \_\_\_ November  \_\_\_ December  \_\_\_ January  \_\_\_ February  \_\_\_ March  \_\_\_ May | | | \_\_\_ Founder(s)  \_\_\_ Board member(s)  \_\_\_ Administrator(s) |
| **Business Office Support** | | | | | | | |
| CDE Regional Business Manager Network Meeting | | 1 Required | | \_\_\_ September \_\_\_ November \_\_\_ January \_\_\_ 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 1 Implementation Sub-Grantee Activities** | | | | | | | |
| **Sub-Grantee Support** | | | | | | | |
| CCSP Grant Renewal Proposal 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 modules 7, 12, 13, 15, 16, 19-22, 24, and 26-30 by Date: \_\_\_\_\_\_\_\_\_ | | \_\_\_ Founder(s)  \_\_\_ Board member(s) (required) | |
| CDE Unified Improvement Plan Training  *(training request form required)* | | Required | | CDE Schools of Choice will communicate schedule | | \_\_\_ Board member(s) (required) \_\_\_ Administrator(s) | |
| Specialized Governing Board Training  *(training request form required)* | | Encouraged | | \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_ Board member(s)  \_\_\_ Administrator(s) | |
| Topic-based Webinars | | \_\_\_ November  \_\_\_ December  \_\_\_ January  \_\_\_ February  \_\_\_ March  \_\_\_ May | | \_\_\_ Founder(s) \_\_\_ Board member(s) (required) \_\_\_ Administrator(s) | |
| **Administrator Support** | | | | | | | |
| Administrator Mentoring  *(signed mentor log required)* | | 32-40 hours required | | \_\_\_ Mentor: \_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_ Administrator(s) | |
| CDE School Administrator Mentoring Cohort *(Professional Development)* | | 3 required | | \_\_\_ September \_\_\_ October \_\_\_ November \_\_\_ February \_\_\_ March  \_\_\_ June | | \_\_\_ Administrator(s) | |
| Specialized Instructional Leadership Training *(training request form required)* | | \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_ Board member(s) \_\_\_ Administrator(s) (required) \_\_\_ Instructional staff | |
| CDE Unified Improvement Plan Training  *(training request form required)* | | Required | | CDE will communicate schedule | | \_\_\_ Board member(s) \_\_\_ Administrator(s) (required) | |
| **Business Office Support** | | | | | | | |
| CDE Annual Finance Seminar | Required | | \_\_\_ Fall | | \_\_\_ Founder(s)  \_\_\_ Board member(s)  \_\_\_ Administrator(s)  \_\_\_ Business manager | | |
| CDE Individualized Business TA  *(by appointment)* | Encouraged | | \_\_\_Throughout year | | \_\_\_Business manager | | |
| Business Operations Mentor  *(mentor log and growth plan required; 4 hours = 1 credit)* | \_\_\_Ongoing | | \_\_\_Business manager | | |
| Topic-based Webinars | \_\_\_ November  \_\_\_ December  \_\_\_ January  \_\_\_ February  \_\_\_ March  \_\_\_ May | | \_\_\_Administrator(s)  \_\_\_Board member(s)  \_\_\_Business manager | | |
| CDE Business Manager Network Meetings | 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 | | |
| **Year 2 Implementation Sub-Grantee Activities** | | | | | | | |
| **Sub-grantee Support** | | | | | | | |
| Charter School Support Initiative Webinar | Encouraged | | \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_ 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 \_\_\_ Instructional staff | | |
| **Governing Board Support** | | | | | | | |
| 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) | | |
| Topic-based Webinars | Encouraged | | \_\_\_ November  \_\_\_ December  \_\_\_ January  \_\_\_ February  \_\_\_ March  \_\_\_ May | | \_\_\_ Board member(s) (required) \_\_\_ Administrator(s) | | |
| Specialized Governing Board Training  *(training request form required)* | \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_ Board member(s)  \_\_\_ Administrator(s) | | |
| **Administrator Support** | | | | | | | |
| Administrator Mentoring  *(signed mentor log required)* | 20-25 hours required | | \_\_\_ Mentor: \_\_\_\_\_\_\_\_\_\_ | | \_\_\_ Administrator(s) | | |
| CDE School Administrator Mentoring Cohort | 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 | | |
| **Business Office Support** | | | | | | | |
| CDE Annual Finance Seminar | Required | | \_\_\_ Fall | | \_\_\_ Founder(s) \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager | | |
| CDE Individualized Business TA  *(by appointment)* | Encouraged | | \_\_\_Throughout year | | \_\_\_Business manager | | |
| Business Operations Mentor  *(mentor log and growth plan required; 4 hours = 1 credit)* | \_\_\_Ongoing | | \_\_\_Business manager | | |
| CDE Business Manager Network Meetings | 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 | | |
| **Other Support Options – All Years** | | | | | | | |
| Equity Convening(s) | Encouraged | | \_\_\_September  \_\_\_TBA | | \_\_\_ Instructional staff  \_\_\_ Founder(s) \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager | | |
| Colorado or National Charter School Conference Breakout Sessions  *(training request form may be required)* | \_\_\_ March  \_\_\_ June | | \_\_\_Instructional staff  \_\_\_ Founder(s) \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager | | |
| CDE Western Slope Seminar | \_\_\_April | | \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager | | |