# Appendix L: Technical Assistance Proposal – CCSP Grant (3-year)

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| School Name: | |
| Grant Contact Person (with phone &Email): | |
| **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.* |
| **Planning Year 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 |
| **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 or Tutorial  *(training request form required, see link* [*here*](https://bit.ly/33y07Jj)*)* | Encouraged | | \_\_\_ 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)* | 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)  \_\_\_ Business manager  \_\_\_ Instructional staff |

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| **Business Office Support** | | | |
| CDE Annual Finance Seminar | 1 required | \_\_\_ Fall | \_\_\_ Founder(s) \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager |
| CDE Business Manager Network Meeting | \_\_\_ 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 Participation** | | | |
| **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; see link* [*here*](https://bit.ly/33y07Jj)*)* | Required | \_\_\_ Fall | \_\_\_ 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 |

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| **Business Office Support** | | | |
| CDE Annual Finance Seminar | Required | \_\_\_ Fall | \_\_\_ Founder(s) \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager |
| CDE Individualized Business TA  *(by appointment)* | 3 required | \_\_\_Throughout year | \_\_\_Business manager |
| Business Operations Mentor *(training request form required. 4 hrs = 1 credit)* | \_\_\_Ongoing | \_\_\_Business manager |
| CDE Business Manager Network Meetings | \_\_\_ 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 Support** | | | |
| **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) |
| **Administrator Support** | | | |
| Administrator Mentoring  *(training request form 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 |
| CDE Unified Improvement Plan Training  *(training request form required; see link* [*here*](https://bit.ly/33y07Jj)*)* | \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Board member(s) \_\_\_ Administrator(s) (required) \_\_\_ Business manager \_\_\_ Instructional staff |

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| **Business Office Support** | | | |
| CDE Annual Finance Seminar | Required | \_\_\_ Fall | \_\_\_ Founder(s) \_\_\_ Board member(s) \_\_\_ Administrator(s) \_\_\_ Business manager |
| CDE Individualized Business TA  *(by appointment)* | 3 required | \_\_\_Throughout year | \_\_\_Business manager |
| Business Operations Mentor  *(training request form required. 4 hrs = 1 credit)* | \_\_\_Ongoing | \_\_\_Business manager |
| CDE Business Manager Network Meetings | \_\_\_ 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 |