Georgia Statewide Summer Network: BOOST Grants Program
Year 1 Grantee Report (Summer Programming)

1. **Please indicate which of the purposes of the BOOST Grants Program your organization used BOOST funding to address in Year 1 of your summer program?**
    a. **Expanding access to serve more youth, with an emphasis on youth who were most impacted by the pandemic**
        i. **If yes, please describe how your organization used the funds to achieve this purpose. (600 characters max)**
    b. **Reducing barriers, such as transportation and enrollment costs, to ensure access for all**
        i. **If yes, please describe how your organization used the funds to achieve this purpose. (600 characters max)**
    c. **Increasing programmatic quality and expanding or enhancing supports/services offered**
        i. **If yes, please describe how your organization used the funds to achieve this purpose. (600 characters max)**
2. **Which content/service areas did your program offer in Year 1 of your summer program?**
    a. **Learning acceleration (required component)**
    b. **Enrichment activities, such as the arts, career exploration, and service learning**
    c. **Healthy eating & physical activity**
    d. **Well-being and connectedness, such as mental health supports, problem solving, and team building**
3. **Which components did you provide as part of your Year 1 summer programming?**
    a. **Learning acceleration (required)**
    b. **Learning acceleration: literacy/reading skills**
    c. **Learning acceleration: academic remediation/credit recovery**
    d. **Learning acceleration: STEM**
    e. **Learning acceleration: college readiness**
    f. **Learning acceleration: job/career readiness**
    g. **Enrichment activities: visual and performing arts**
    h. **Enrichment activities: crafts**
    i. **Enrichment activities: career exploration**
    j. **Enrichment activities: financial literacy**
    k. **Healthy eating and physical activity: sports/recreation**
    l. **Healthy eating and physical activity: nutrition education**
    m. **Well-being and connectedness: mental health supports**
    n. **Well-being and connectedness: problem solving**
    o. **Well-being and connectedness: team building**
    p. **Well-being and connectedness: mentoring**
    q. **Well-being and connectedness: Social-Emotional Learning**
    r. **Well-being and connectedness: civic engagement**
    s. **Well-being and connectedness: community service and service learning**
    t. **Well-being and connectedness: family & parent activities**

4. **Use the space below to provide a brief description of your Year 1 summer program. Be sure to highlight implementation successes and describe any challenges encountered (including any COVID-related challenges). You should also use this space to explain any changes to your approved implementation plan. (2000 characters max)**
5. **Please list the total number of program sites at which your organization operated BOOST-funded programming.**
6. **Does your Year 1 summer program have a formal partnership with one or more local school systems?**
   a. **Yes**
        i. **If yes, please indicate the school districts (2000 characters max)**
   b. **No**

7. **What is the total number of unduplicated youth served in your Year 1 summer program?**

8. **Please indicate the number of unduplicated youth served in your Year 1 summer program by grade band. Note that this total should match the unduplicated total number of youth served reported above.**
   a. **Elementary (K-5th students):**
   b. **Middle School (6th–8th):**
   c. **High School (9th–12th):**
   d. **Unknown or Data Not Collected:**

9. **Please indicate the number of unduplicated youth you served in your Year 1 summer program by race. Note that this total should match the unduplicated total number of youth served reported above. While your application data was provided in percentage (%), this report requires you to provide that data by actual number.**
   a. **American Indian or Alaska Native:**
   b. **Asian:**
   c. **Black:**
   d. **Multiracial:**
   e. **Native Hawaiian Other Pacific Islander:**
   f. **Other:**
   g. **White:**
   h. **Unknown or Data Not Collected:**

10. **Please indicate the number of unduplicated youth you served in your Year 1 summer program by ethnicity. Note that this total should match the unduplicated total number of youth served reported above. While your application data was provided in percentage (%), this report requires you to provide that data by actual number.**
    a. **Hispanic/Latinx (of any race):**
    b. **Non-Hispanic/Non-Latinx (of any race):**
    c. **Unknown or Data Not Collected:**

11. **Please indicate the number of unduplicated youth you served in your Year 1 summer program by gender. Note that this total should match the unduplicated total number of youth served reported above. While your application data was provided in percentage (%), this report requires you to provide that data by actual number.**
    a. **Female:**

b. Male:
c. Gender Non-Conforming:
d. Non-Binary or Other:
e. Unknown or Data Not Collected:

12. **Please indicate the unduplicated number of youth you served in your Year 1 summer program <u>by home county</u>. Note that this total should match the unduplicated total number of youth served reported above.**
    a. *Grantees will see a list of all Georgia counties and will be able to enter the corresponding numbers directly. "Unknown or Data Not Collected" will be an option.*

13. **Please indicate the number of youth you served in your Year 1 summer program for each <u>special population</u>.**

	<u>Number</u>	<u>Check if Not Collected</u>

   a. **Receiving free or reduced-price lunch:**
   b. **Youth with disabilities or special needs:**
   c. **Youth experiencing homelessness:**
   d. **Youth in foster care:**
   e. **English language learners:**
   f. **Migratory youth:**

14. **Please provide the following information on your Year 1 summer program operations (e.g., number of weeks, days and hours your program operated):**
    a. **Total # of weeks (note that there are typically 6-12 weeks in a summer program; number of weeks cannot exceed 15):**
    b. **# of days per week (on average) (must be between 0 and 7):**
    c. **# of hours per day (on average) (must be between 0 and 12):**

15. **All grantees were required to measure youth satisfaction in some way.**
    a. **Please describe your results.** (2000 characters max)
    b. **What aspects of youth satisfaction did your program measure (e.g., belonging, progress on goals, general program satisfaction, etc.)?** (2000 characters max)
    c. **What tool or instrument did your program use to assess youth satisfaction outcomes?** (2000 characters max)
    d. **How are data being entered, maintained, and analyzed? Check all that apply:**
        i. **Paper and pencil (by hand)**
        ii. **Excel spreadsheet**
        iii. **SurveyMonkey or another online survey tool**
        iv. **SPSS or another stats tool**
        v. **Formal or purchased database**
    e. **From how many youth did your program collect data?** (200 characters max)

16. **Please provide the following information on your <u>Learning Acceleration</u> outcome. This should correspond to the Learning Acceleration outcome included in your approved**

application *or* your approved Project Modification Summary *(if applicable – not all organizations submitted a formal modification request).*

   a. **Please describe the results.** (2000 characters max)
   b. **Use this space to make any adjustments you made to your proposed Learning Acceleration outcome:** (2000 characters max)
   c. **What tool or instrument did your program use to assess this outcome?** (2000 characters max)
   d. **How are data being entered, maintained, and analyzed? Check all that apply:**
       i. **Paper and pencil (by hand)**
       ii. **Excel spreadsheet**
       iii. **SurveyMonkey or another online survey tool**
       iv. **SPSS or another stats tool**
       v. **Formal or purchased database**
   e. **From how many youth were data collected for this outcome?** (2000 characters max)

17. **Please provide the following information on your <u>first</u> additional outcome. These should correspond to the outcomes included in your approved application *or* your approved Project Modification Summary *(if applicable – not all organizations submitted a formal modification request).***

   a. **Please describe the results.** (2000 characters max)
   b. **Select the outcome area:**
       i. **Learning Acceleration**
       ii. **Enrichment**
       iii. **Healthy Eating/Physical Activity**
       iv. **Well-Being/Connectedness**
   c. **Use this space to describe any adjustments you made to your proposed outcome:** (2000 characters max)
   d. **What tool or instrument did your program use to assess this outcome?** (2000 characters max)
   e. **How are data being entered, maintained, and analyzed? Check all that apply:**
       i. **Paper and pencil (by hand)**
       ii. **Excel spreadsheet**
       iii. **SurveyMonkey or another online survey tool**
       iv. **SPSS or another stats tool**
       v. **Formal or purchased database**
   f. **From how many youth were data collected for this outcome?** (2000 characters max)

18. **Please provide the following information on your <u>second</u> additional outcome. These should correspond to the outcomes included in your approved application *or* your approved Project Modification Summary *(if applicable – not all organizations submitted a formal modification request).***

   a. **Please describe the results.** (2000 characters max)
   b. **Select the outcome area:**
       i. **Learning Acceleration**
       ii. **Enrichment**
       iii. **Healthy Eating/Physical Activity**
       iv. **Well-Being/Connectedness**

c. **Use this space to describe any adjustments you made to your proposed outcome:** (2000 characters max)
d. **What tool or instrument did your program use to assess this outcome?** (2000 characters max)
e. **How are data being entered, maintained, and analyzed? Check all that apply:**
    i. **Paper and pencil (by hand)**
    ii. **Excel spreadsheet**
    iii. **SurveyMonkey or another online survey tool**
    iv. **SPSS or another stats tool**
    v. **Formal or purchased database**
f. **From how many youth were data collected for this outcome?** (2000 characters max)

19. **Use the space below to describe unplanned or unexpected outcomes you would like share as well as any additional data that are being collected regularly that haven't been reported so far.** (2000 characters max)

20. **(STATEWIDE GRANTEES ONLY) How did you determine funding allocation across program sites and ensure emphasis on serving youth most impacted by the pandemic? Please describe any changes to your proposed process and any challenges or successes experienced.** (2000 characters max)

21. **(STATEWIDE GRANTEES ONLY) How did you ensure sub-grantees were meeting the purpose(s) of the grant? Please describe any changes to your proposed process and any challenges or successes experienced.** (2000 characters max)

22. **(STATEWIDE GRANTEES ONLY) How did you collect data and compile reporting from all sub-grantees? Please describe any changes to your proposed process and any challenges or successes experienced.** (2000 characters max)

23. **Financials**
    a. **Please list the SUMMER amount that you have successfully *invoiced* to GaDOE for reimbursement as of the date of this report. Do not include any afterschool amounts.**
    b. **If you have invoiced less than 100% of your SUMMER award total (disregarding afterschool), please provide a narrative, explanatory description and any plans to increase spending and address barriers to invoicing.** (2000 characters max)

24. **(OPTIONAL) GSAN strives to build sustainability in funding for out-of-school time programming and to make the case for its importance in child and youth development. To that end, we welcome samples of BOOST/OST success stories from your organization. Please use this space to describe your success(es) or indicate if you'd like us to reach out to you to discuss this further.** (2000 characters max)

25. **(OPTIONAL) Do you have photos, videos, or student/staff testimonials that could benefit the BOOST Grants Program and GSAN's efforts to sustain and grow the capacity of the field? If so, please let us know and list the best contact for these things. We'll be in touch!** (2000 characters max)

26. **At this point, would you like to modify your Year 2 (2023) BOOST summer project? If you choose yes, GSAN will follow-up with you to obtain modification details including any significant changes to projected service numbers, program sites, program fees or transportation services, required learning acceleration component(s), whole child component(s), dosage, staffing, outcomes, or other major areas. If you choose no, GSAN will assume your Year 2 summer program will remain the same, but you still must report significant changes to GSAN in the future if they occur.**

   a. Yes
   b. No