**EXHIBIT 5:** *MANAGEMENT PLAN WORKSHEET*

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| --- | --- | --- | --- | --- | --- | --- |
| **OST Critical Element** | **Specific***(What are the actions to be completed?)* | **Measurable***(How will the action be measured as attained?)* | **Attainable/Responsible Party***(Is this realistic to achieve and who will own this task?)* | **Relevant***(How does this action relate to the scope of work?)* | **Time Based***(When will the action be completed? Identify intermittent due dates, if necessary.)* | **Notes/Other** |
| Safety | *ex: Completion of 10 staff background checks* | *10 background check results received*  | *Yes: Grant Manager + Project Director* | *Yes: State Requirement* | *October 1, 2021* |  |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| Management | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| Evaluation | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| Programmatic | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| Partnership | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| Budget and Adequacy of Resources | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| **Funder’s Requirements** | 1.Submit the Signed Recipient Assurances | 1.Verification from the MSDE at time of submission | 1. Yes: Grant Manager | 1.Yes: State Requirement | 1.Within 30 days of receiving the NOGA | Enter Text Here |
| 2.Submit the Start-Up Report | 2.Verification from the MSDE at time of submission | 2.Yes: Grant Manager + Project Director + Teachers | 2.Yes: State Requirement | 2. Date to be provided at The OST Orientation | Enter Text Here |
| 3.Submit the Stages of Critical Elements Monitoring | 3.Verification from the MSDE at time of submission | 3.Yes: Grant Manager + Project Director + Teachers | 3.Yes: State Requirement | 3. Dates to be provided at The OST Orientation | 3.Assign Team ownership and responsibilities |

Note: The columns can be expanded, and more rows added as needed.