



APPLICATION FOR PARTICIPATION

Maryland Tutoring Corps: Scaling High-Quality, School Day Tutoring Statewide

Maryland State Department of Education

200 West Baltimore Street
Baltimore, Maryland 21201

Deadline

December 22, 2023
No later than 5:00 p.m. EDT

MARYLAND STATE DEPARTMENT OF EDUCATION

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Interim State Superintendent of Schools

Deann Collins, Ed.D.

Deputy Superintendent of Teaching and Learning

Wes Moore

Governor

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Holly C. Wilcox, Ph.D.

Abisola Ayoola (Student Member)

Table of Contents

| | |
|---------------------------|----|
| Instructions..... | 3 |
| Proposal Cover Page | 4 |
| Project Narrative | 5 |
| Appendices | 13 |

Instructions

1. Complete this application electronically by typing directly into the fillable fields and charts.
2. Do not alter or remove sections.
3. When finished, save the application document as a pdf and obtain the appropriate signatures.
4. The signed and completed application should be saved as a single pdf document and emailed as an attachment to MDTutors.msde@maryland.gov by December 22, 2023 at 5:00 p.m. EST.

Proposal Cover Page

Institution/Agency/Jurisdiction Name:

Name of Contact Person:

Institution/Agency Address:

Contact Person Phone:

Contact Person Email:

List of Partners (at least one IHE):

Amount of the request for grant period (September 1, 2023 – September 30, 2024):

\$

(Should agree with Proposed Budget)

The following signatures indicate an attestation of agreement to participate in technical assistance, including train-the-trainer programming; and agreement to participate in evaluation research related to this grant program. (At a minimum this should include the applicant and at least one participating IHE)

| | |
|---|-------|
| Printed Name of Representative of Participating IHE | Title |
|---|-------|

| | |
|---------------------------------|------|
| Signature of IHE Representative | Date |
|---------------------------------|------|

| | |
|--|-------|
| Printed Name of Applicant Representative | Title |
|--|-------|

| | |
|---------------------------------------|------|
| Signature of Applicant Representative | Date |
|---------------------------------------|------|

Project Narrative

Describe the proposed activities and how they align to required focus areas. Applications must address all focus areas as described in this Grant Information Guide (GIG), beginning on page eight, including plans to ensure high-quality tutoring is offered during the school day; and the necessary infrastructure is in place to sustain the program (e.g., centrally-supported program leadership, a sustainable flow of tutors from participating IHEs, Maryland Corps -participating entities, including those participating in the Governor’s Service-Year option).

INFORMATION SESSION ATTENDANCE

Include the name, title, and date of attendance for all individuals associated with the organization who have attended (or watched the recorded) information sessions MSDE hosted for the Maryland Tutoring Corps program.

| Name | Title | Date Attended/Viewed |
|------|-------|----------------------|
| | | |
| | | |
| | | |

EXTENT OF NEED

Discuss and provide specific details, timelines, and milestones for conducting a needs assessment to identify secondary students who are not proficient in math, prioritizing middle school students in grades 6-8, Algebra students of any grade level, and historically underserved students such as African American students, economically disadvantaged students, English learners, and students with special needs.

GOALS AND MEASURABLE OUTCOMES

Goals: All applicants must include goals related to the number of tutors that will be hired and the number of students that will be served. Articulate clear goals and the related near-, mid-, and long-term outcomes that will drive achievement of those grant program goals. Goals should be specific and tie directly to required Maryland Tutoring Corps program focus areas. (Refer to the GIG for examples.)

| |
|--------------------|
| Goal 1: |
| Outcome(s): |

| |
|--------------------|
| Goal 2: |
| Outcome(s): |

| |
|--------------------|
| Goal 3: |
| Outcome(s): |

| |
|--------------------|
| Goal 4: |
| Outcome(s): |

| |
|--------------------|
| Goal 5: |
| Outcome(s): |

Measuring Success

Describe what success for this project would look like and what criteria will be used to determine success. LEA applicants should identify clear, data-driven metrics and provide baseline data and realistic expected success targets anchored in and tied to the evidence of impact already described above. For example, if cited evidence suggests a likelihood of achieving a given result (e.g., an increase in academic achievement in math) for certain activities and resources, the success criteria should use similar expectations. Add more rows, if needed.

| Goal/Outcome | Metric/Measurement | Success Criteria |
|--------------|--------------------|------------------|
| | | |
| | | |
| | | |

PLAN OF OPERATION, KEY PERSONNEL, AND TIMELINE

The Plan of Operation includes the strategies and activities that will be implemented to achieve the project's goals, outcomes, and milestones. Create a plan of operation in chart form that addresses, at a minimum, the key components of the program's implementation or expansion. Include a timeline and the key personnel associated with each component of the plan of operation. For key personnel, include the roles, responsibilities, tasks, and deadlines of key contributors required for program success. Ensure that all administrative and key personnel responsible for the successful implementation and monitoring of the grant requirements are captured here.

The management plan clearly defines the roles, responsibilities, and tasks of key contributors to make sure the program is a success. Ensure that all administrative and key personnel responsible for the successful implementation and monitoring of the grant requirements are captured here. **The personnel plan must also capture how the LEA will recruit and utilize school-based site leads to ensure program implementation fidelity at each participating school site.** Add more columns and rows, if needed.

| Name | Title, Organization | Responsibilities |
|------|---------------------|------------------|
| | | |
| | | |
| | | |

TIMELINE

Use the table below to outline proposed activities and the anticipated dates of implementation throughout the grant period. It should be clear from the timeline the steps and milestones needed to reach the goals. Add more columns and rows, if needed.

| Proposed Activities and Milestones | Approximate Date of Implementation |
|------------------------------------|------------------------------------|
| | |
| | |

EVALUATION AND EVIDENCE OF IMPACT

Describe how the proposed plan and strategies being implemented are evidence-based and will lead to the desired impact. Include a description of any existing work the applicant is directly involved in that exemplifies leveraging effective practices to achieve desired outcomes. Use this section to demonstrate any track record of success in implementing successful, high-quality programs with evidence of results. Within this section, also include a plan for program/process evaluation. This should include a model for continuous improvement and include the metrics outlined in the Measuring Success section.

HISTORICALLY UNDERSERVED GROUPS

Describe how the proposed activities will increase participation and have a positive impact on historically underserved groups.

BUDGET AND BUDGET NARRATIVE

The project’s budget should detail all related project expenses in a separate itemized budget. It should demonstrate the extent to which the budget is reasonable, cost-effective, and integrates other sources of funding. All costs described in the project narrative should appear in the budget narrative and must have a corresponding entry in the itemized budget for that year. Each line must be detailed and specific. General expenses should be broken down into specific line items. Be as detailed as possible. The budget should tie to and match the applicant’s submitted [C-1-25 Budget Form](#). As stated in the Grant Information Guide, to provide evidence of sustainability, matching funds must be identified in Years 2 and 3 of program implementation (please show the calculations for the In-Kind totals). However, the match is not required in Year 1.

1. Salaries and Wages (list each position separately)

| Line item | Calculation | Requested | In-Kind (Year 2) | In-Kind (Year 3) | Total |
|-----------|-------------------------------|-----------|------------------|------------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | Total for Salaries and Wages: | | | | |

Using the space below, explain how the costs for salaries and wages above are necessary, reasonable, and cost-effective.

Type response here.

2. Contracted Services

| Line item | Calculation | Requested | In-Kind (Year 2) | In-Kind (Year 3) | Total |
|-----------|--------------------------------|-----------|------------------|------------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | Total for Contracted Services: | | | | |

Using the space below, explain how the costs for contracted services above are necessary, reasonable, and cost-effective.

Type response here.

3. Supplies and Materials

| Line item | Calculation | Requested | In-Kind (Year 2) | In-Kind (Year 3) | Total |
|-----------------------------------|-------------|-----------|------------------|------------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| Total for Supplies and Materials: | | | | | |

Using the space below, explain how the costs above are necessary, reasonable, and cost-effective.

Type response here.

4. Other Charges

| Line item | Calculation | Requested | In-Kind (Year 2) | In-Kind (Year 3) | Total |
|--------------------------|-------------|-----------|------------------|------------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| Total for Other Charges: | | | | | |

Using the space below, explain how the costs above are necessary, reasonable, and cost-effective.

Type response here.

5. Equipment

| Line item | Calculation | Requested | In-Kind (Year 2) | In-Kind (Year 3) | Total |
|-----------|----------------------|-----------|------------------|------------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | Total for Equipment: | | | | |

Using the space below, explain how the costs for the equipment above are necessary, reasonable, and cost-effective.

Type response here.

6. Transfers (Indirect Costs)

| Line item | Calculation | Requested | In-Kind (Year 2) | In-Kind (Year 3) | Total |
|-----------|---------------------------------------|-----------|------------------|------------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | Total for Transfers (Indirect Costs): | | | | |

Using the space below, explain how the costs above are necessary, reasonable, and cost-effective.

Type response here.

Total amount requested:

Appendices

The following appendices must be included but not apply to the page limit of the Project Narrative. Include other appendices as deemed necessary.

Appendix A: [A signed C-1-25 MSDE budget form](#)

Appendix B: [A signed recipient assurances page](#)

Appendix C: Letters of support from partners (at least one from an institution of higher education)