



GRANT RENEWAL APPLICATION

FY 2023 Rural and Low-Income School Program

Maryland State Department of Education

200 West Baltimore Street
Baltimore, Maryland 21201

Deadline

February 13, 2023
No later than 5:00 pm EST

MARYLAND STATE DEPARTMENT OF EDUCATION

Mohammed Choudhury

State Superintendent of Schools
Secretary-Treasurer, Maryland State Board of Education

Sylvia A. Lawson, Ph.D.

Deputy Superintendent, Organizational Effectiveness

Mary Gable

Assistant State Superintendent, Division Student Support,
Academic Enrichment & Educational Policy

Wes Moore

Governor

MARYLAND STATE BOARD OF EDUCATION

Clarence C. Crawford

President, Maryland State Board of Education

Susan J. Getty (Vice President)

Shawn D. Bartley, Esq.

Gail Bates

Chuen-Chin Bianca Chang

Charles R. Dashiell Jr., Esq.

Jean C. Halle

Vermelle Greene, Ph.D.

Dr. Joan Mele-McCarthy

Rachel L. McCusker

Lori Morrow

Brigadier General Warner I. Sumpter (Ret.)

Holly C. Wilcox, Ph.D.

Merin Thomas (Student Member)

Table of Contents

Proposal Cover Page (1 page).....	4
Project History	5
Project Narrative	5
Extent of Need	5
Goals, Measurable Outcomes and Milestones.....	5
Plan of Operation.....	5
Evidence of Impact.....	6
Evaluation and Dissemination	6
Management Plan and Key Personnel	6
Project Timeline.....	7
Budget and Budget Narrative (no page limit)	8
1. Salaries & Wages (list each position separately).....	9
2. Contracted Services	9
3. Supplies & materials	10
4. Other charges	10
5. Equipment.....	12
6. Transfers (indirect costs).....	12
Appendix	13

Instructions

Complete this application electronically by typing directly into the fillable fields and charts. Do not alter or remove sections. When finished, save the application document as a pdf to your computer and obtain appropriate signatures. The completed application should be saved as a pdf and emailed to:

Dr. Renee Neely
Comprehensive Planning Specialist
Division of Student Support, Academic Enrichment, and Educational Policy
Maryland State Department of Education
410-767-0294

Proposal Cover Page (1 page)

Program name: Click here to enter text.

Name of contact person: Click here to enter text. Title of contact person: Click here to enter text.

Address: Click here to enter text.

Address: Click here to enter text.

Phone number: Click here to enter text.

Email address: Click here to enter text.

Total amount awarded:

Project statement describing the program (not to exceed 100 words):

Type response here.

Superintendent Printed Name

Superintendent Signature

Date

Date

Project History

Summarize how previous grant awards have impacted student outcomes. Information contained here should help to justify plans for use of funds during this grant year.

Type response here.

Project Narrative

EXTENT OF NEED

Identify a clearly defined problem and discuss the impact of the proposed program. Refer to the Grant Information Guide for further guidance.

Type response here.

GOALS, MEASURABLE OUTCOMES AND MILESTONES

Communicate the goals, measurable outcomes, and milestones of the program. Refer to the Grant Information Guide for further guidance.

Goal #1: Click here to enter text.

Measurable Outcome: Click here to enter text.

Milestone: Click here to enter text.

**Add more rows if necessary*

PLAN OF OPERATION

Discuss the strategies and activities to be used to accomplish the goals and outcomes defined above. Include a justification as to why the strategies were chosen and how they will help to achieve the outcomes.

Type response here.

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 the LEA’s experience in terms of effective practices leading to the desired outcomes.

Type response here.

EVALUATION AND DISSEMINATION

Grantees are required to submit an annual evaluation report and quarterly progress reports that are consistent with the project’s goals and outcomes.

Evaluation Measure	Goal
Number of children served having developmental, physical, and ...	Click here to enter text.
Increased number of families receiving...	Click here to enter text.
Increased the number of schools...	Click here to enter text.
Increased...	Click here to enter text.

Describe in detail what success will look like and the criteria that will be used to determine and measure success.

Type response here.

MANAGEMENT PLAN AND KEY PERSONNEL

The management plan clearly defines the roles, responsibilities, tasks, and deadlines of key contributors to make sure your 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. Provide resume(s) as an appendix. Be sure to include the Steering Committee members. Refer to the Grant Information Guide for further guidance.

Key Personnel

Name	Title, Partner Organization	Responsibilities	Time Devoted
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

**Add more rows if necessary*

PROJECT TIMELINE

Complete the chart with the program timeline. Refer to the Grant Information Guide for guidance.

December 1, 2022 – September 30, 2023

Applicants must provide a timeline for all proposed activities using the chart provided in the application.

See a sample timeline below:

Proposed Activities (sample)	Date of Implementation
Identify and share communication tools regarding mental health services.	January 1, 2023
Conduct training for families and caregivers on...	July 15, 2023
Meet with Judy Center and other partners to coordinate referral services.	July 25, 2023
Evaluate program delivery and customer satisfaction.	January 15, 2023

Budget and Budget Narrative (no page limit)

Please provide a detailed description of the requested funds that will be spent by using the categories listed below. Add more rows if needed. An MSDE [Grant Budget C-125](#) form must also be completed, signed and submitted as an appendix.

1. Salaries & Wages (list each position separately)

Line item	Calculation	Requested	In-Kind	Total
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Total for salaries & wages:	Click here to enter text.	Click here to enter text.	Click here to enter text.

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

Type response here.

2. Contracted Services

Line item	Calculation	Requested	In-Kind	Total
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Total for contracted services:	Click here to enter text.	Click here to enter text.	Click here to enter text.

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

Type response here.

3. Supplies & materials

Line item	Calculation	Requested	In-Kind	Total
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Total supplies & materials:	Click here to enter text.	Click here to enter text.	Click here to enter text.

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

Type response here.

4. Other charges

Line item	Calculation	Requested	In-Kind	Total
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Total for other charges:	Click here to enter text.	Click here to enter text.	Click here to enter text.

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

Type response here.

5. Equipment

Line item	Calculation	Requested	In-Kind	Total
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Total for equipment:	Click here to enter text.	Click here to enter text.	Click here to enter text.

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

Type response here.

6. Transfers (indirect costs)

Line item	Calculation	Requested	In-Kind	Total
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Total for transfers:	Click here to enter text.	Click here to enter text.	Click here to enter text.

Using the space below, explain how the costs for transfers (indirect costs) above are necessary, reasonable, and cost-effective.

Type response here.

Total amount requested: \$ [Click here to enter text.](#)

Appendix

The following Appendices must be included in the proposal for funding, but do not apply to the page limit of the Project Narrative.

- A [signed C-1-25 MSDE budget form](#)
- A signed partnership agreement that meets the provisions of this program, and signed by all parties and partners
- A [signed recipient assurances page](#)