 

**FY 2023 Rural and Low-Income**

**School Program**

**Program**

**Maryland State Department of Education**200 West Baltimore Street

Baltimore, Maryland 21201

**Deadline**February 13, 2023

No later than 5:00 pm EST

**GRANT RENEWAL APPLICATION**

**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

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**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 an 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):

|  |
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| Type response here. |

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Superintendent Printed Name Date

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Superintendent Signature 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.

|  |
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| Type response here. |

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# 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.

|  |
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| 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 |

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# 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](https://www.marylandpublicschools.org/about/Documents/Grants/GrantForms-12-10-2020.xls) 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.

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| Type response here. |

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### 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.

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| --- |
| 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.

|  |
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| 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.

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| --- |
| 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.

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| Type response here. |

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| **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](https://www.marylandpublicschools.org/about/Documents/Grants/GrantForms-12-10-2020.xls)
* A signed partnership agreement that meets the provisions of this program, and signed by all parties and partners
* A [signed recipient assurances page](https://www.marylandpublicschools.org/about/Documents/Grants/GrantRecipientAssurances.pdf)