 

**Career and Technical Education (CTE)**

**FY23 State Institutions Grant**

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

Baltimore, Maryland 21201

**Deadline**October 26, 2022

No later than 5:00 p.m. EST

**APPLICATION FOR PARTICIPATION**

MARYLAND STATE DEPARTMENT OF EDUCATION



**Mohammed Choudhury**State Superintendent of Schools   
Secretary-Treasurer, Maryland State Board of Education

**Deann M. Collins, Ed.D.**Deputy Superintendent, Teaching and Learning

**Larry Hogan**Governor



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Charles R. Dashiell, Jr., Esq.

Shawn D. Bartley, Esq.

Gail Bates

Chuen-Chin Bianca Chang

Vermelle Greene, Ph.D.

Jean C. Halle

Dr. Joan Mele-McCarthy

Rachel L. McCusker

Lori Morrow

Brigadier General Warner I. Sumpter (Ret.)

Holly C. Wilcox, Ph.D.

Merin Thomas (Student Member)

MARYLAND STATE BOARD OF EDUCATION

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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:

Traci Verzi, Coordinator of Finance and Legislation for Career Programs

Division of Career and College Readiness

Maryland State Department of Education

Phone: 410-767-0165

Email: [Traci.Verzi@maryland.gov](mailto:Traci.Verzi@maryland.gov).

# Proposal Cover Page

Program Title: Click or tap here to enter text.

Project/Program Director: Click or tap here to enter text.

Director Phone: enter number Director email: Click or tap here to enter text.

Institution/Agency Name: Click or tap here to enter text.

Institution/Agency Address: Click or tap here to enter text.

Project Statement: The statement should briefly describe the project’s outcome(s) and strategies.

|  |
| --- |
| Click or tap here to enter text. |

Amount of request for grant period (October 1, 2022 – June 30, 2023): $ Click here to enter amount.

Estimated Annual Cost of Program/Project and Type of Funds Federal $ enter amount.

(Should agree with Proposed Budget) State/Local $ enter amount.

Other $ enter amount.

|  |  |
| --- | --- |
| Signature of Head of the Grantee (Secretary of the State Agency) |  |
|  |  |
|  |  |

**Project Abstract - 1 page**

Summarize the project for the reader. Please refer to the Grant Information Guide page 7 for instructions.

|  |
| --- |
| Type response here. |

# Project Narrative

The project narrative sections, along with the budget will be scored by reviewers. See the rubric on page 12 for the points assigned to each section.

## Extent of Need

Describe the extent of need for the federal funds.

|  |
| --- |
| Click or tap here to enter text. |

Include a brief description of the organization’s mission, vision, and goals as they relate to the project.

|  |
| --- |
| Click or tap here to enter text. |

A description of the planned activities may include new programming, professional learning for CTE instructors, purchasing of equipment and/or materials of instruction; support for students to earn industry credentials.

|  |
| --- |
| Click or tap here to enter text. |

## Goals, Measurable Outcomes and Milestones 20 Points

State the overall goal(s) of the project and related outcomes and milestones. Refer to the Grant Information Guide for further instructions on this section.

**Goals, Measurable Outcomes, and Milestones:**

|  |
| --- |
| Goal #1: By Click or tap to enter a date., Click or tap here to enter text. |
| Outcomes: Click or tap here to enter text. |
| Milestone: Click or tap here to enter text. |

*\*Add more rows if necessary*

|  |
| --- |
| Goal #2: By Click or tap to enter a date., Click or tap here to enter text. |
| Outcomes: Click or tap here to enter text. |
| Milestone: Click or tap here to enter text. |

*\*Add more rows if necessary*

|  |
| --- |
| Goal #3: By Click or tap to enter a date., Click or tap here to enter text. |
| Outcomes: Click or tap here to enter text. |
| Milestone: Click or tap here to enter text. |

*\*Add more rows if necessary*

## Plan of Operation, Key Personnel, and Project Timeline

The Plan of Operation includes the strategies, activities, and timeline that will be implemented to achieve your goals, outcomes, and milestones. Use the table to address the following that apply to the project.

|  |  |  |  |
| --- | --- | --- | --- |
| **Timeline** | **Strategy/Activities** | **Person Responsible** | **Partner Organization** |
| Click here to enter time | Click here to enter title. | Click here to enter name and title. | Click here to enter organization. |
| Click here to enter time | Click here to enter title. | Click here to enter name and title. | Click here to enter organization. |
| Click here to enter time | Click here to enter title. | Click here to enter name and title. | Click here to enter organization. |
| Click here to enter time | Click here to enter title. | Click here to enter name and title. | Click here to enter organization. |

*\*Add more rows if necessary*

## Evaluation and Dissemination

Describe how the organization will operationalize an evaluation plan to ensure that the proposed program supports overall goals of the grant. Include the evaluation methods that will be used to determine the overall success of the project.

|  |
| --- |
| Click or tap here to enter text. |

Describe the project monitoring processes, including measurable improvements expected to occur once the program/activity has been fully implemented. What data will be reviewed to indicate that the program/activity has had the intended effects?

|  |
| --- |
| Click or tap here to enter text. |

# Budget and Budget Narrative

In the following table, provide a detailed description of the requested funds that will be spent by using the list of allowable expenditures. Add more rows if needed. An MSDE [Grant Budget C-1-25](https://www.marylandpublicschools.org/about/Documents/Grants/GrantForms-12-10-2020.xls) form (for secondary applicants) form must also be completed, signed and submitted as an Attachment.

Please review the GIG for a list of allowable expenditures (A-I).

|  |  |  |  |
| --- | --- | --- | --- |
| **Allowable Expenses (A-I)** | **Unit Cost** | **Quantity** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Provide a description of each budget category in the spaces below. For example, under Salaries and Wages, describe the number of staff attending trainings. If funds are used to hire substitute staff, include amounts. Include FICA/Benefits if applicable.

1. Salaries and Wages

|  |
| --- |
| Click or tap here to enter text. |

2. Contracted Services

|  |
| --- |
| Click or tap here to enter text. |

3. Supplies and Materials

|  |
| --- |
| Click or tap here to enter text. |

4. Other Charges

|  |
| --- |
| Click or tap here to enter text. |

5. Equipment

|  |
| --- |
| Click or tap here to enter text. |

# Required Attachments

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 secondary (C-1-25 MSDE budget form) or Postsecondary/Other Budget form](https://www.marylandpublicschools.org/programs/Pages/CTE/PerkinsV/Budget-and-Budget-Amendments.aspx)
* A [signed recipient assurances page](https://www.marylandpublicschools.org/about/Documents/Grants/GrantRecipientAssurances.pdf)
* Grant Information Survey Form
* Lobbying and Debarment Forms (If the LEA or CC already submitted these as part of their Perkins Application, then there is no need to submit again)