

## **APPLICATION**

# **FY23 Operating Grant to Thread**

### **Maryland State Department of Education**

200 West Baltimore Street Baltimore, Maryland 21201

#### **Deadline**

August 5, 2022 No later than 5:00 p.m. EST

#### MARYLAND STATE DEPARTMENT OF EDUCATION

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

#### **Justin Dayhoff**

Assistant State Superintendent, Financial Planning, Operations, and Strategy

#### **Larry Hogan**

Governor

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Holly C. Wilcox, Ph.D.

Kevin Bokoum (Student Member)

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#### **Submission 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. Be sure to include the required attachments.

Required application components for the FY23 Operating Grant to Thread include:

- 1. Completion of the Grant Application Form (Microsoft Word document, saved to pdf), and
- 2. Submission of Required Attachments and Supporting Documentation (#1 #3).

Email to Justin Dayhoff at Justin.Dayhoff@Maryland.gov Maryland State Department of Education

The Operating Grant to Thread Application is due by 5:00 p.m. on August 5, 2022.

## A. Cover Page (1-page limit)

| Name of applicant:              | Click or tap here to enter text. |                         |                                      |  |  |  |  |
|---------------------------------|----------------------------------|-------------------------|--------------------------------------|--|--|--|--|
| Mailing Address:                | Click or tap here to enter text. |                         |                                      |  |  |  |  |
| Amount of request for grant pe  | riod (July 1, 2022 – June 30     | ), 2023):               | \$ Click here to enter amount.       |  |  |  |  |
| Federal Employer ID number:     | Click or tap here to enter       | number.                 |                                      |  |  |  |  |
| UEI number: Click or tap her    | e to enter number. Expir         | ation date              | : Click or tap here to enter number. |  |  |  |  |
|                                 |                                  |                         |                                      |  |  |  |  |
| Project Director Name: Enter to | ext here.                        | Title: Er               | iter text here.                      |  |  |  |  |
| Email: Enter text here.         |                                  | Phone:                  | Phone: Enter text here.              |  |  |  |  |
| Financial Contact Name: Enter   | text here.                       | Title: Er               | Title: Enter text here.              |  |  |  |  |
| Email: Enter text here.         |                                  | Phone:                  | Phone: Enter text here.              |  |  |  |  |
| Grants Office Contact Name: E   | nter text here.                  | Title: Er               | nter text here.                      |  |  |  |  |
| Email: Enter text here.         |                                  | Phone: Enter text here. |                                      |  |  |  |  |
|                                 |                                  | 1                       |                                      |  |  |  |  |
|                                 |                                  |                         |                                      |  |  |  |  |
| Head of Agency Printed Name     | <del></del>                      |                         | Title                                |  |  |  |  |
|                                 |                                  |                         |                                      |  |  |  |  |
| Head of Agency Signature        |                                  |                         | Date                                 |  |  |  |  |

## **B. Project Narrative (5-page limit)**

#### **Extent of Need**

Describe the conditions or needs to be addressed through the FY23 Operating Grant to Thread. Describe how the Operating Grant funds will address the problem and show how those efforts are effective.

Enter text here.

#### **Goals and Measurable Outcomes**

State the overall goal(s) of the FY23 Operating Grant to Thread. The goal(s) should address the main problem identified in the needs assessment. For each goal statement, identify objectives or anticipated outcomes to be accomplished.

Goal #1: Enter text here. Measurable Outcome: Enter text here.

\*Add more rows if necessary

Goal #2: Enter text here.

Measurable Outcome: Enter text here.

\*Add more rows if necessary

Goal #3: Enter text here.

Measurable Outcome: Enter text here.

\*Add more rows if necessary

#### **Evidence of Impact**

Describe how the proposed plan and strategies being implemented are evidence-based and will lead to the desired impact.

| Enter text here. |  |  |  |
|------------------|--|--|--|
|                  |  |  |  |

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

Describe the overall plan and key strategies being implemented to reach the goal.

| Enter text here. |  |  |  |
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|                  |  |  |  |

Identify key personnel responsible for the operations supported by this funding including names, titles, roles, and responsibilities relative to plan implementation.

| Name             | Title            | Roles & Responsibilities |
|------------------|------------------|--------------------------|
| 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.         |

<sup>\*</sup>Add more rows if necessary

#### **Evaluation and Dissemination Plan**

Grantees are required to submit annual evaluation report and quarterly progress reports that are consistent with the project's goal and objective(s). Describe how the program will be evaluated and results will be communicated to major stakeholders and individuals interested in the project.

| Enter text here. |  |  |  |
|------------------|--|--|--|
|                  |  |  |  |

## **C. Budget and Budget Narrative**

Please provide a 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 and Budget Detail form must also be completed, signed and submitted as an appendix.

#### 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.

## D. General Education Provisions Act (GEPA), Section 427

Explain the steps the applicant will take to ensure equitable access to and participation in the project as it is related to the six (6) types of barriers described in the GEPA (gender, race, national origin, color, disability, and age).

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#### **E.** Attachments

- A <u>signed Recipient Assurances page</u>
- A signed C-1-25 MSDE budget form and Budget Detail
- A copy of the most recent Single Audit Report (Only applicable to entities expending federal funds of \$750,000 or more in a single fiscal year.)
- A copy of the W 9 Form (Applicable for first time grant applicants and/or grantees requiring a change of address/contact)