

Title I, Part D, Subpart 1  
Prevention and Intervention Programs for   
Children and Youth Who Are Neglected,   
Delinquent or At-Risk

**APPLICATION FOR PARTICIPATION**

Maryland State Department of Education  
200 West Baltimore Street  
Baltimore, Maryland 21201

Deadline  
January 2, 2024  
No later than 5:00 p.m. EDT

**MARYLAND STATE DEPARTMENT OF EDUCATION**

**Carey D. Wright, Ed.D.**Interim State Superintendent of Schools   
 **Najib Jammal**Chief of School Improvement and Supports  
 **Wes Moore**Governor

**MARYLAND STATE BOARD OF EDUCATION**

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Brigadier General Warner I. Sumpter (Ret.)   
  
Holly C. Wilcox, Ph.D.   
  
Abisola Ayoola (Student Member)

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# 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 to your computer and obtain appropriate signatures.
4. The completed application should be saved as a single pdf document and emailed to and [neglectedanddelinquent.msde@maryland.gov](mailto:neglectedanddelinquent.msde@maryland.gov) and [tina.joseph1@maryland.gov](mailto:tina.joseph1@maryland.gov) by   
   January 2, 2024.

# Cover Page

Program Title:

Project/Program Director:

Director Phone:

Director Email:

Local Educational Agency/Nonprofit Name:

Local Educational Agency/Nonprofit Address:

UEI Number:

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

$

Estimated Annual Cost of Program/Project

$

(Should agree with Proposed Budget)

Project Statement (100 words)

|  |
| --- |
|  |

Printed Name of Superintendent or Head of Agency Date

Signature of Superintendent or Head of Agency Date

# Project Narrative

## Project Abstract (1 Page)

In the Project Abstract, introduce the project to the reader. The abstract should be factual, brief, and focused on the organization’s efforts. Do not assume the reader is familiar with the proposed project. The project abstract should cover the core aspects of the proposed project, such as the populations served, a brief description of the goals, the strategies to meet them, and the roles of the partners.

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## 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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## 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 State Agency’s experience in terms of effective practices leading to the desired outcomes. Refer to the Grant Information Guide for further guidance.

|  |
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| Type response here. |

## Goals, Measurable Outcomes, and Milestones

In this section, applicants must provide the program’s goals and measurable outcomes to be achieved during this fiscal year. The program goals set by the State Agency should be aligned with the State’s goal areas and program outcomes. Refer to the Grant Information Guide for further guidance. Add additional tables for more goals, as needed.

|  |  |
| --- | --- |
| Goal #1: |  |
| Target Population |  |
| Goal Statement |  |
| Outcome Statement |  |
| Timeline |  |

|  |  |
| --- | --- |
| Goal #2: |  |
| Target Population |  |
| Goal Statement |  |
| Outcome Statement |  |
| Timeline |  |

|  |  |
| --- | --- |
| Goal #3: |  |
| Target Population |  |
| Goal Statement |  |
| Outcome Statement |  |
| Timeline |  |

## plan of operation

Please address all of the required elements of your Plan of Operations as explained in the Grant Information Guide.

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## Evaluation and Dissemination

Please describe your evaluation plan that incorporates all required elements detailed in the Grant Information Guide as well as your plans to disseminate findings to relevant stakeholders. Refer to the Grant Information Guide for further guidance.

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| Type response here. |

## Management Plan

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. Be sure to include the Steering Committee members. Refer to the Grant Information Guide for further guidance. Add additional rows, as needed.

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

| **Brief Description** | **Date** | **Person Responsible  Partner Organization** |
| --- | --- | --- |
| Brief Description #1 | Date | Name or Position |
| Brief Description #2 | Date | Name or Position |
| Brief Description #3 | Date | Name or Position |

## Key Personnel and Timeline

The plan of operation includes the strategies, activities, and timeline that will be implemented to achieve your goals, outcomes, and milestones. Use the tables below to address all key components of the program implementation or expansion in chronological order and identify all key personnel contributing to successful grant activity and program implementation. Refer to the Grant Information Guide for more details.  
  
Key Personnel

| **Name** | **Title, Affiliation** | **Roles and/or Responsibilities and % FTE** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*\*Add additional rows, as needed*

### Timeline

| **Start – End Date** | **Strategy/Activities** | **Person Responsible  Partner Organization** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

*\*Add additional rows, as needed*

## 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. Reviewers should be able to see a clear connection between the project activities and the budget line items. Note: When completing this section, refer to Use of Funds in the Grant Information Guide.

1. What is the Indirect Cost rate?
2. Provide an itemized budget narrative showing how the cost of each item was calculated. It is advisable to take an inventory of existing equipment, materials, and supplies before developing the budget. Submit the budget on the MSDE Grant Budget C-1-25 form (Appendix G)
3. Please use the formula functions in the “Table Tools Layout” to calculate your costs. To get your final amount, in the last cell of the “Total” column, use this formula: **=SUM(ABOVE).**
4. **Salaries and Wages (list each position separately)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **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** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total for Contracted Services: |  |  |  |

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. |

**3. Supplies and Materials**

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| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total for Supplies  and Materials: |  |  |  |

Using the space below, explain how the costs for supplies and 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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total for Other Charges: |  |  |  |

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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total for Equipment: |  |  |  |

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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total for Transfers (indirect costs): |  |  |  |

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: |

# Appendices

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

Appendix A: MOUs/MOAs: signed and dated MOUs/MOAs are required from all project partners for the school year 2023-2024. Each MOU/MOA must contain the following:

A statement acknowledging and supporting the goal(s) and objectives of the project;

The participant’s expected gains from the project;

The expertise, resources, and financial contributions the participant is making toward the project -- financial contributions (in-kind and cash) should be quantified;

a clear statement detailing the roles, responsibilities, and capabilities of the partners; and

A clear statement that the partners intend to maintain the partnership for the duration of the grant period.

Appendix B: Facility profiles for each facility students receive education services for the 2023-2024 school year.

Appendix C: Works cited: use a standard format, such as MLA or Chicago Manual of Style

Appendix D: A professional development plan for staff, parents, and community partners for the 2023-2024 school year. Include a description of the professional development activity, objectives and expected outcomes, date, and audience.

Appendix E: Transition plan template that will be used by the transition specialist for each student, which includes:

Information about the students’ family and friends;

Physical and emotional health, religion, and values;

Assessments, classes/courses, and placement information;

Skill plans;

Living options/budgeting assistance;

Necessary documents;

Transition plan review (frequency);

Psychological/counseling;

Education/goals and objectives; and

Team participants

Appendix F: Resumes of key personnel

Appendix G: A [signed C-1-25 MSDE budget form](https://www.marylandpublicschools.org/about/Documents/Grants/GrantForms-12-10-2020.xls)

Appendix H: A [signed recipient assurances page](https://www.marylandpublicschools.org/about/Documents/Grants/GrantRecipientAssurances.pdf)

Appendix I: Job description for any positions funded by this position

Appendix J: [Attestation I](https://marylandpublicschools.org/about/Pages/OFPOS/GAC/Title1PartD/attestation-I.pdf)