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# Cover Page

Local System:

Received:

Date of Review:

Name of MSDE Reviewer: Signature:

Is further action required as a result of this review?

 Yes

 No

# Completion Checklist

The checklist below constitutes a complete LAFF application. Check off components that are complete.

☐Cover page

* UEI Number
* Screenshot of SAM evidence
* Contact list

☐ LICC

* Contacts
* Meetings

☐ GEPA, Section 427

* + Narrative provided
	+ Included a web link to the LEA policies

☐ Early Intervention Plan

* Data review
* Root Cause

☐ IFSP Development

* Data review
* Root Cause

☐ Family Support 3 to 4

* Data review
* Meetings

☐ Family Support Birth to 3

* Data review
* Meetings

☐ Local Improvement/Corrective Action Plan

* Root Cause

☐ Public Awareness

* Data review
* Root Cause

☐ Appendix with all signatures, as applicable

* CLIG Assurances
* Recipient Assurances (State Assurances)
* Federal Certifications Certificate
* Screenshot of valid SAM.gov registration, showing UEI
* General Education Provisions Act (GEPA), Section 427 Statement
* Designation of LLA, if applicable
* LLA Authorization: a copy of the documentation authorizing the LLA for the grant period is required ONLY if the LLA has changed from the previous SFY
* Local Interagency Agreement that meets the provisions of this program
* Assurance of Local Capacity
* LICC Review Statement
* LICC Membership Directory
* LITP policies and procedures
* Linking Funds to Program Improvement Chart
* A complete package of the budget documentation generated by the [SFY 2023 CLIG Budget](https://marylandpublicschools.org/programs/Pages/Special-Education/rmmb/Grants/IT/index.aspx)Assurance of Local Capacity

**Budget Submission Review**

☐ Identical date/time stamps on all budget pages.

☐ Info Input Page

* Agency information correctly entered
* Indirect Cost Rate

☐ Accuracy of allocation amounts

* Info Input Page
* Form 100
* C-1-25s

☐ Form 100

* Correlation of MA figures with MDH Reports
* Sufficient MA funds available to support budgeted amount
* State Indirect Cost <=%2
* Partner Agency Participation

☐ Non-Supplant Form

* Alignment of actuals with most recent Form 500
* Comparison Test Met

☐ Forms 100A

* Detailed descriptions of Other Federal, Other, Private Funds
* Only Federal MA Birth-3 budgeted

☐ Forms 100B

* No State funds allocated for administrative positions
* Part C funding for Family Support Birth-3
* Full $5000 Part C allocation for Family Support
* Part 619 Family Support (Preschool) Parent Position
* Full Part 619 Family Support grant allowability
* FTE info entered

☐ Forms 100C

* State funds allowability – no computer tech for administrative purposes, furniture or capital improvements
* Quantity/Unit Cost details for all Contracted Services and Materials of Instruction
* Detailed costs align with funding ene4ted in funding row
* Correct part C direct or admin designation
* Part 619 designation to ensure that funds are used for transition
* $600 PD allocation
* Review of charges for food

# Reviewer(s) comments or questions

Use the space below to write any additional comments, suggestions, or questions.

# Timeline

All requests for revisions must be addressed within three working days.