



Maryland

STATE DEPARTMENT OF EDUCATION

Application for Participation

Career and Technical Education (CTE) Career Cluster and Program Affiliate Grant

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

Deadline
August 23, 2024
No later than 5:00 p.m. EDT

MARYLAND STATE DEPARTMENT OF EDUCATION

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Office of Teaching and Learning

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Dr. Irma E. Johnson

Dr. Joan Mele-McCarthy, D.A., CCC-SLP

Rachel L. McCusker

Samir Paul, Esq.

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 signed and completed application should be saved as a single pdf document and emailed as an attachment to tiffany.dejesus@maryland.gov with the subject “CTE Career Cluster and Program Affiliate Grant Application Submission.”

Proposal Cover Page

Project/Program Director:

Director Phone:

Director Email:

Institution Agency Name:

Institution/Agency Address:

Amount of the request for grant period (July 1, 2024 – June 30, 2025):

\$

Estimated Annual Cost of Program/Project and Type of Funds

Federal \$

State/Local \$

Other \$

(Should align with Proposed Budget)

Head of Institution/Agency (printed name)

Date

Head of Institution/Agency (signature)

Date

Project Narrative

PROJECT ABSTRACT (100 WORDS)

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

EXTENT OF NEED

Identify a clearly defined problem, and how the use of these funds will address the problem. Applicants should include the target audience and expected outcomes. Be sure to identify the MSDE Career Cluster and CTE program(s) of study for which the affiliate partner will provide support.

GOALS AND MEASURABLE OUTCOMES

Applicants are required to set goals for the project. Outcomes measure progress towards meeting the overall goal of the program. Determining the program goal(s) and outcomes is an important part of the next step of evaluating your program. Applicants must complete the chart in the application with program goals that align with [Education Statute §21-204](#):

Percentage of High School Students Who:	Current	Goal
Complete the CTE program	%	%
Earn industry-recognized occupational skills or credentials	%	%
Complete a registered youth or other apprenticeship	%	%

Applicants must also set goals that align with the Perkins Core Indicators of Performance listed below:

Secondary Core Indicators of Performance	Current	Goal
1S1: Four-Year Graduation Rate - The percentage of CTE concentrators who graduate high school, as measured by the four-year adjusted cohort graduation rate	%	%
2S1: Academic Proficiency Reading/Language Arts - CTE concentrator proficiency in the challenging State academic standards adopted by the State under §1111(b)(1) of the Elementary and Secondary Education Act of 1965 .	%	%
2S2: Academic Proficiency Mathematics – CTE concentrator proficiency in the challenging State academic standards adopted by the State under §1111(b)(1) of the Elementary and Secondary Education Act of 1965 .	%	%
2S3: Academic Proficiency in Science – CTE concentrator proficiency in the challenging State academic standards adopted by the State under	%	%
3S1: Postsecondary Placement – The percentage of CTE concentrators who, in the second quarter after exiting from secondary education, are in postsecondary education or advanced training, military service or a service program that receives assistance under Title I of the National and Community Service Act of 1990 (42 U.S.C. 12511 et seq.) are (42 U.S.C. 12511 et seq.) are volunteers as described in section 5(a) of the Peace Corps Act (22 U.S.C. 2504(a)) or are employed.	%	%
4S1: Non-Traditional Concentrator Enrollment – The percentage of under-represented CTE concentrators in career and technical education programs and programs of study that lead to non-traditional fields.	%	%
5S1: Program Quality – Recognized Postsecondary Credential Attainment - The percentage of CTE concentrators graduating from high school having attained a recognized postsecondary credential.	%	%
5S4: Program Quality – Technical Skill Attainment - The percentage of CTE concentrators who have met state-recognized CTE standards in the program, including assessments aligned to industry standards, if available and appropriate.	%	%

Post-Secondary Core Indicators of Performance	Current	Goal
1P1: Postsecondary Retention and Placement – The percentage of CTE concentrators who, during the second quarter after program completion, remain enrolled in postsecondary education, are in advanced training, military service, or a service program that receives assistance under title I of the National and Community Service Act of 1990 (42 U.S.C. 12511 et seq.) are volunteers as described in section 5(a) of the Peace Corps Act (22 U.S.C. 2504(a)), or are placed or retained in employment.	%	%
2P1: Credential, Certificate or Degree – The percentage of CTE concentrators who receive a recognized postsecondary credential during participation in or within one year of program completion.	%	%
3P1: Non-Traditional Concentrator Enrollment – The percentage of CTE concentrators in career and technical education programs and programs of study that lead to non-traditional fields for their gender.	%	%

PLAN OF OPERATION, KEY PERSONNEL AND TIMELINE

Refer to the grant information guide, page 9, for a full description of what should be included here.

Describe how the applicant will apply for continuing professional development (CPD) credits for professional learning experiences.

Describe how the project will offer articulated and/or transcribed college credit to CTE students who complete the identified CTE program of study.

Use the chart provided in the application to create a timeline for all proposed activities. Be sure to include key activities vital to the project's planning, implementation, and evaluation and the person responsible for each activity.

Timeline	Strategy/Activity	Person Responsible

**Add more rows if necessary*

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

Name	Title	Role and Responsibility

**Add more rows if necessary*

EVALUATION AND DISSEMINATION

Describe how the affiliate will operationalize an evaluation plan to ensure that the proposed program supports the overall goals of the grant. Include the evaluation methods that will be used to determine the overall success of the project and plans for dissemination to stakeholders.

Describe the project’s incremental 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?

EVIDENCE OF IMPACT

Applicants must describe how the plan and strategies being implemented will lead to the desired impact. Include a description of the LEA’s experience in terms of effective practices leading to the desired outcomes. Discuss your history of impact on the target population, what has worked, what has not worked, and your track record in effectuating change. Discuss how past performance has informed the proposed activities, and the future impact your proposed key activities are likely to have on the target population.

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 management plan and the budget line items. Note: When completing this section, refer to Use of Funds, page 6, and Budget and Budget Narrative, page 15, sections in the Grant Information Guide.

BUDGET NARRATIVE

ITEMIZED BUDGET

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.
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 “Requested”, “In-Kind”, and “Total” columns, use the formula: **=SUM(ABOVE)**.
4. Additionally, submit the budget on the MSDE Grant Budget C-1-25 form (Appendix C).

Salaries and Wages (list separately for each position)

Line item	Calculation	Requested	In-Kind	Total
TOTAL FOR SALARIES & WAGES:				

Contracted Services

Line item	Calculation	Requested	In-Kind	Total
TOTAL FOR CONTRACTED SERVICES:				

Supplies & Materials

Line item	Calculation	Requested	In-Kind	Total
TOTAL FOR SUPPLIES & MATERIALS:				

Other Charges

Line item	Calculation	Requested	In-Kind	Total
TOTAL FOR OTHER CHARGES:				

Equipment

Line item	Calculation	Requested	In-Kind	Total
TOTAL FOR EQUIPMENT:				

Transfers

Line item	Calculation	Requested	In-Kind	Total
TOTAL FOR TRANSFERS:				

General Education Provisions Act (GEPA)

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).

Appendices

The following appendices must be included but not apply to the page limit of the Project Narrative. Include other appendices as deemed necessary.

- Appendix A: [A signed recipient assurances page](#)
- Appendix B: 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)
- Appendix C: [A signed C-1-25 Budget Form](#)
- Appendix D: Evidence of status of a [non-profit 501\(c\)\(3\) organization, if applicable](#)
- Appendix E: Resume(s) of Key Personnel
- Appendix F: [The Grant Information Survey Form](#)