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**Lacrosse Opportunities Grant Program**

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

Baltimore, Maryland 21201

**Deadline**September 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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**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:

R. Andrew Warner

Executive Director, Maryland Public Secondary Schools Athletic Association (MPSSAA)

Maryland State Department of Education

410-767-0555

Robert.warner1@maryland.gov

**Proposal Cover Page (1 page)**

Program name: Click here to enter text.

Name of contact person: Click here to enter text. Title of contact person: Click here to enter text.

Address: Click here to enter text.

Address: Click here to enter text.

Phone number: Click here to enter text. Email address: Click here to enter text.

Total amount requested: $ Click here to enter text.

Project statement describing the program (not to exceed 100 words):

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| --- |
| Type response here. |

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Superintendent or Head of Agency Printed Name Date

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Superintendent or Head of Agency Signature Date

# Project Narrative (10-page limit)

## Evidence of impact

Describe the lacrosse program, including a proposed schedule of practices. Additionally, the applicant must develop an outreach plan for recruiting minority students into the lacrosse program. Refer to the Grant Information Guide for further guidance.

|  |
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| Type response here. |

## Extent of need

Provide quantitative and qualitative data to demonstrate the need for your lacrosse program. Discuss your strengths and weaknesses in addressing the need in the community. Describe how the grant funds will address the problem.

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| Type response here. |

## Goals

Applicants are required to set overall goals for the project. Determining the program goals is an important part of evaluating your program. The applicant must identify schools with underrepresented demographics in lacrosse or who have a disparity in the number of boys versus girls’ programs.

|  |  |  |
| --- | --- | --- |
| **Demographic** | **Baseline: # of students currently served** | **Goal: # of students projected to serve** |
| African American | Click or tap here to enter text. | Click or tap here to enter text. |
| Hispanic  | Click or tap here to enter text. | Click or tap here to enter text. |
| Asian  | Click or tap here to enter text. | Click or tap here to enter text. |
| Other race | Click or tap here to enter text. | Click or tap here to enter text. |
| Female | Click or tap here to enter text. | Click or tap here to enter text. |
| Other gender | Click or tap here to enter text. | Click or tap here to enter text. |

## Evaluation

Describe the plan to evaluate in detail, and what success will look like and the criteria that will be used to determine and measure success.

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| Type response here. |

## Program and Outreach Plan

Provide a description of the lacrosse program, including the location and schedule of practices.

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| --- |
| Type response here. |

Describe the outreach plan to recruit more minority athletes into the lacrosse program.

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

## Key Personnel

Applicants are required to include a list of the key personnel responsible for the successful implementation and monitoring of the lacrosse program and describe the plan in case of staff turnover. Attach a one-page resume for key staff members in the appendix. Applicants are required to complete the following chart:

**Key Personnel**

|  |  |  |
| --- | --- | --- |
| **Name** | **Title, Partner Organization** | **Responsibilities** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

*\*Add more rows if necessary*

## Project Timeline

Applications must include a list of the key activities and the date of implementation. Be sure to include all key activities, including outreach and registration dates.

|  |  |
| --- | --- |
| **Key Activities** | **Date of Implementation** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

*\*Add more rows if necessary*

# Budget and Budget Narrative (no page limit)

Please provide a detailed 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](https://www.marylandpublicschools.org/about/Documents/Grants/GrantForms-12-10-2020.xls) form must also be completed, signed and submitted as an appendix.

### Salaries & Wages (list each position separately)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
| Click here to enter text. | Click here to enter text. | $ Enter figure | $ Enter figure | $ Enter figure |
| Click here to enter text. | Click here to enter text. | $ Enter figure | $ Enter figure | $ Enter figure |
|  | Total salaries & wages: | $ Enter figure | $ Enter figure | $ Enter figure |

Using the space below, explain how the costs for salaries & wages above are necessary, reasonable, and cost-effective.

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

### Contracted Services

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
| Click here to enter text. | Click here to enter text. | $ Enter figure | $ Enter figure | $ Enter figure |
| Click here to enter text. | Click here to enter text. | $ Enter figure | $ Enter figure | $ Enter figure |
|  | Total contracted services: | $ Enter figure | $ Enter figure | $ Enter figure |

Using the space below, explain how the costs for contracted services above are necessary, reasonable, and cost-effective.

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

### Supplies & materials

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
| Click here to enter text. | Click here to enter text. | $ Enter figure | $ Enter figure | $ Enter figure |
| Click here to enter text. | Click here to enter text. | $ Enter figure | $ Enter figure | $ Enter figure |
|  | Total supplies & materials: | $ Enter figure | $ Enter figure | $ Enter figure |

Using the space below, explain how the costs for supplies & materials above are necessary, reasonable, and cost-effective.

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| Type response here. |

### Other charges

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
| Click here to enter text. | Click here to enter text. | $ Enter figure | $ Enter figure | $ Enter figure |
| Click here to enter text. | Click here to enter text. | $ Enter figure | $ Enter figure | $ Enter figure |
|  | Total other charges: | $ Enter figure | $ Enter figure | $ Enter figure |

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. |

### Equipment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
| Click here to enter text. | Click here to enter text. | $ Enter figure | $ Enter figure | $ Enter figure |
| Click here to enter text. | Click here to enter text. | $ Enter figure | $ Enter figure | $ Enter figure |
|  | Total equipment: | $ Enter figure | $ Enter figure | $ Enter figure |

Using the space below, explain how the costs for equipment above are necessary, reasonable, and cost-effective.

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| Type response here. |

### Transfers (indirect costs)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
| Click here to enter text. | Click here to enter text. | $ Enter figure | $ Enter figure | $ Enter figure |
|  | Total transfers: | $ Enter figure | $ Enter figure | $ Enter figure |

Using the space below, explain how the costs for transfers (indirect costs) above are necessary, reasonable, and cost-effective.

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

|  |
| --- |
| Total amount requested: $ Click here to enter text. |

# Appendix

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

* Evidence of status as recognized by the [USA Lacrosse and Urban Lacrosse Alliance](https://www.usalacrosse.com/urban-lacrosse-alliance)
* Evidence of status of a [non-profit 501(c)(3) organization](https://www.irs.gov/charities-non-profits/charitable-organizations/exemption-requirements-501c3-organizations), if necessary
* A [signed C-1-25 MSDE budget form](https://www.marylandpublicschools.org/about/Documents/Grants/GrantForms-12-10-2020.xls)
* A [signed recipient assurances page](https://www.marylandpublicschools.org/about/Documents/Grants/GrantRecipientAssurances.pdf)