

**Next Generation Scholars**

**Year 6 Continuation Grant**

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

Baltimore, Maryland 21201

**Deadline**September 30, 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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Susan J. Getty, Ed.D. (Vice President)

Shawn D. Bartley, Esq.

Gail Bates

Chuen-Chin Bianca Chang

Charles R. Dashiell, Jr., Esq.

Vermelle Greene, Ph.D.

Jean C. Halle

Dr. Joan Mele-McCarthy

Rachel L. McCusker

Lori Morrow

Brigadier General Warner I. Sumpter (Ret.)

Holly C. Wilcox, Ph.D.

Merin Thomas (Student Member)

MARYLAND STATE BOARD OF EDUCATION

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# Proposal Cover Pages

PROPOSAL FOR CONTINUATION OF THE NEXT GENERATION SCHOLARS OF MARYAND PROGRAM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Next Generation Scholars Program Cover Page | | | | | | |
| 1. TITLE OF PROJECT: | | | | | | |
| 2. GRANT APPLIED FOR: Next Generation Scholars of Maryland Program | | | | | | |
| 3. APPLICANT INFORMATION: | | | | | | |
| a. Lead Agency: | | | | | b. Employer/Taxpayer Identification Number (EIN/TIN): | |
| c. Organizational DUNS: | | | | |  | |
| d. Type of Organization (choose one)  Non-profit Agency College or University | | | | | | |
| e. Name and contact information of person to be contacted on matters involving this application  Prefix: First Name: Last Name:  Title:  Telephone Number: Fax Number:  Email: | | | | | | |
| f. Contact Address  Street:  City: State: Zip / Postal Code: | | | | | | |
| g. Program Information  List the schools that will be served by the proposed program. | | | | | | |
| Local Education Agency | School Name | | Service Locations | | Proposed Number of Students served | |
| School | Community Site |
|  |  | |  |  |  | |
|  | | | | | | |
|  | | | | | | |
| *Add more rows if necessary* | | | | | | |
| h. Partnerships  Please list partners who will provide services in partnership with the grantee.  1.  2.  3. | | | | | | |
| 1. Times of operation   School Year:  After School Before School Weekends  Day(s) of the week (school year):  Monday  Tuesday Wednesday Thursday Friday Saturday Sunday  Summer:  Day(s) of the week (school year):  Monday  Tuesday Wednesday Thursday Friday Saturday Sunday | | | | | | |
| k. List the locations where the program will operate. For each site, indicate whether it is a school building or a community location: | | | | | | |
| Site/School Name | | City | | | | Zip Code |
|  | |  | | | |  |
|  | |  | | | |  |
|  | | | | | | |
| 4. Per Student Expenditures: | | | | | | |
| a. Total funding requested: | | | | | | |
| b. Total number of students to be served: | | | | | | |
| c. Cost per student = | | | | | | |
| 5. SIGNATURE | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name of Head of Grantee Agency | | | | | Date | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Head of Grantee Agency | | | | | ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | |

# Project Abstract

Summarize the project for the reader. Refer to the Grant Information Guide for further guidance.

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

# Project Narrative

## Extent of Need

Identify a clearly defined problem and discuss the impact of the proposed program.

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

## Goals and Measurable Objectives

Communicate the goals and measurable objectives of the program. Applicants must include at least one goal for each of the required components of the Next Generation Scholars Program: financial aid literacy assistance, career and interest assessments, mentorship and one-on-one counseling, visits to college campuses and workplaces, an intensive summer bridge program for students entering an institution of higher education directly from high school, a plan for outreach and registration of new students, and a plan to matriculate and graduate from an institution of higher education. Refer to the Grant Information Guide for further guidance on this section.

|  |
| --- |
| High School Graduation Plan Goal: |
| Measurable Objective(s) |

*\*Add more rows if necessary*

## Evidence of Impact

Describe how the proposed plan and strategies are evidence-based and will lead to the desired impact. Please include a description of the organization’s experience in terms of effective practices (research-based strategies) leading to desired outcomes.

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

## Plan of Operation

For each goal listed above, provide the activities, timeline, and data collected.

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal** | **Activities** | **Timeline** | **Data Collected** |
|  |  |  |  |
|  |  |  |  |

## Evaluation

Provide performance measures for each project goal.

|  |  |
| --- | --- |
| **Goal** | **Performance Measure(s)** |
|  |  |
|  |  |

## Management Plan and Key Personnel

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.

**Management Plan and Key Personnel**

|  |  |  |
| --- | --- | --- |
| **Action** | **Title/Partner Organization Responsible** | **Date(s)** |
|  |  |  |
|  |  |  |

*\*Add more rows if necessary*

# Budget and Budget Narrative

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.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total for salaries & wages: |  |  |  |

Using the space below, explain how the costs for salaries & 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.

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

### 3. Supplies & materials

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total supplies & materials: |  |  |  |

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

|  |
| --- |
| 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.

|  |
| --- |
| 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.

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

### 6. Transfers (indirect costs)

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

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: |

# Appendix

The following Appendices must be included in the proposal for funding.

* Resumes of key personnel: A one-page resume for each person playing a key role in the project, only information relevant to the project should be included
* 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)
* Evidence of nonprofit status [Exemption Requirements - 501(c)(3) Organizations](https://www.irs.gov/charities-non-profits/charitable-organizations/exemption-requirements-501c3-organizations)