

Application for Participation

**State Aided Institutions (SAI) Program Fiscal Year 2027**

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

Deadline  
June 13, 2025  
No later than 5:00 p.m. EDT

MARYLAND STATE DEPARTMENT OF EDUCATION

Carey M. Wright, Ed.D.   
State Superintendent of Schools

Donna Gunning  
Assistant State Superintendent  
Office of Finance

Wes Moore  
Governor

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Clarence C. Crawford (President Emeritus)

Abhiram Gaddam (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. Attach appendices to the pdf file.
5. The signed and completed application should be saved as a single pdf document and emailed as an attachment to [sai.applications@maryland.gov](mailto:sai.applications@maryland.gov) with the subject “SAI FY 2027 Application”.

# Proposal Cover Page

Institution Name:

Name of Contact Person:

Institution Address:

Contact Person Phone:

Contact Person Email:

## Funding Request

|  |  |
| --- | --- |
| Funding allocation for this grant period (July 1, 2026 – June 30, 2027): | $ |
| Requested increase (augmentation): (Enter $0 if not requesting an increase.) | $ |
| Total requested: | $ |

Head of Institution Signature Date

Head of Institution Printed Name Title

## Eligibility Statement

The organization hereby attests that they are presently in good standing with the State of Maryland and not subject to any bans, suspensions, or ineligibility issues that would prevent their participation in the grant program. In the event of any changes to status during the grant period, the organization agrees to promptly notify Maryland State Department of Education (MSDE). MSDE reserves the right to terminate the grant agreement if the organization is found to be ineligible at any point during the grant period.

Head of Institution Signature Date

# Project Narrative

Please refer to the Grant Information Guide (GIG) for information on completing each section.

## new Applicants Only

### Evidence of Impact

Discuss your track record for success and briefly describe how your education program has had an impact on Maryland students and teachers. Include data such as service numbers, survey, or evaluation data, and how your organization has expanded.

Enter text here.

## All APplicants

### Participation Goals

Provide the projected participation numbers of the students and teachers expected to be served in SAI-funded activities by completing the chart below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Fiscal Year 2025  (actual) | Fiscal Year 2026 (projected) | Fiscal Year 2027 (projected) |
| Number of LEAs served |  |  |  |
| Number of public schools served |  |  |  |
| Number of schools designated as Title 1 |  |  |  |
| Number of nonpublic/homeschools served |  |  |  |
| Number of PreK-12 students served |  |  |  |
| Number of students with a disability served |  |  |  |
| Number of teachers served |  |  |  |
| Number of chaperones/other adults served |  |  |  |

Note: No more than 20% of participants served may come from nonpublic or homeschools.

### Program Goals and Evaluation

Applicants are required to set a programmatic goal for the educational program. Based on the implementation and evaluation of the program last year, please provide the goal that addresses what will be done this year to enhance the quality of the programming along with the rationale for the selected the goal and describe how the goal(s) will be evaluated. Add additional rows as necessary.

|  |
| --- |
| Goal: |
| Rationale: |
| Evaluation: |

### Educational Programming and Outreach

Indicate what grade levels your SAI-funded program will serve.

Early Childhood (PreK – Kindergarten)

Elementary School (1st grade – 5th grade)

Middle School (6th grade – 8th grade)

High School (9th – 12th grade)

Other (explain) Click or tap here to enter text.

Provide a clear description of the proposed education program and how it will be implemented. State explicitly how it extends learning beyond the classroom and provides enriching experiences for students.

Enter text here.

Identify the educational standards met by your educational program

|  |  |  |
| --- | --- | --- |
| **Content Area** | **Standard / Priority** | **How does your education program connect to this standard?** |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |

*\*Add rows if needed.*

Describe your outreach plan to expand and reach more Maryland public school students and teachers. Refer to the Grant Information Guide for guidance.

|  |
| --- |
| Enter text here. |

### Project Timeline

Complete the project timeline below with key activities necessary for the successful implementation of the education program, including the estimated months for field trips.

|  |  |
| --- | --- |
| **Key Activities** | **Time Frame/Dates** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

\**Add more rows if needed*.

### Key Personnel

Provide a list of the staff or personnel responsible for the successful implementation and monitoring of the grant requirements by completing the chart below. Any position whose salary is listed in the proposed budget must be listed here.

| **Name** | **Title** | **Responsibilities** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*\*Add more rows if needed*.

# 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. When completing this section, refer to Use of Funds and Budget and Budget Narrative sections in the Grant Information Guide. A C-1-25 Budget Form must also be submitted.

## Salaries and Wages (list separately for each position)

|  |  |  |
| --- | --- | --- |
| **Line item/Description** | **Calculation** | **Total** |
|  |  |  |
|  |  |  |
|  | **Total salaries & wages:** |  |

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/Description | Calculation | Total |
|  |  | $ |
|  |  | $ |
|  | **Total contracted services** |  |

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

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

## Supplies and Materials

|  |  |  |
| --- | --- | --- |
| Line item/Description | Calculation | Total |
|  |  | $ |
|  |  | $ |
|  | **Total supplies and materials** |  |

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

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

## Equipment

|  |  |  |
| --- | --- | --- |
| Line item/Description | Calculation | Total |
|  |  | $ |
|  |  | $ |
|  | **Total equipment:** |  |

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

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

## OTHER

|  |  |  |
| --- | --- | --- |
| Line item/Description | Calculation | Total |
|  |  | $ |
|  |  | $ |
|  | **Total other:** |  |

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

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

|  |  |
| --- | --- |
| Total Funding Requested: | $ |

An MSDE [Grant Budget C-1-25](https://marylandpublicschools.org/about/Documents/Grants/GrantForms-12-10-2020.xls) form must also be completed, signed, and submitted as an appendix. Please enter all category totals on line 214.

# Funding Augmentation (optional)

Institutions requesting additional funds must complete this section. Institutions that are not requesting a funding increase can disregard or delete this section.

Provide justification for the increase.

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

Who will be served with the additional funds?

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

What are the objectives of the educational program?

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

What are the anticipated outcomes?

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

Provide a budget for how the additional funds will be spent.

## Salaries and Wages (list separately for each position)

|  |  |  |
| --- | --- | --- |
| **Line item/Description** | **Calculation** | **Total** |
|  |  |  |
|  |  |  |
|  | **Total salaries & wages:** |  |

## Contracted services

|  |  |  |
| --- | --- | --- |
| Line item/Description | Calculation | Total |
|  |  | $ |
|  |  | $ |
|  | **Total contracted services** |  |

## Supplies and Materials

|  |  |  |
| --- | --- | --- |
| Line item/Description | Calculation | Total |
|  |  | $ |
|  |  | $ |
|  | **Total supplies and materials** |  |

## Equipment

|  |  |  |
| --- | --- | --- |
| Line item/Description | Calculation | Total |
|  |  | $ |
|  |  | $ |
|  | **Total equipment:** |  |

## OTHER

|  |  |  |
| --- | --- | --- |
| Line item/Description | Calculation | Total |
|  |  | $ |
|  |  | $ |
|  | **Total other:** |  |

|  |  |
| --- | --- |
| Total Augmentation Requested: | $ |

# Appendices

The following appendices must be included in PDF format with the application. Include other appendices as deemed necessary.

Appendix A: Fiscal Impact Statement

Appendix B: Student safety response

Appendix C: General Education Provisions Act (GEPA) Section 427 response

Appendix D: A list of the members of the independent governing board including their name, title, and affiliation

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

Appendix F: Evidence of current status of a [non-profit](https://www.irs.gov/charities-non-profits/charitable-organizations/exemption-requirements-501c3-organizations) [501(c)(3) organization](https://www.irs.gov/charities-non-profits/charitable-organizations/exemption-requirements-501c3-organizations)

Appendix G: Evidence of active liability insurance coverage

Appendix H: A detailed operating budget that indicates that less than 50% of the budget comes from state grants (except for the Baltimore Zoo), specifies all sources of income (including grants received, name of granting agency, and amount of each grant), and specifies all expenditures

Appendix I: A copy of the most recent independent annual audit or copies of the most recent internally generated financial statement until the annual audit is available

## Appendix A: FISCAL Impact Statement

Respond to the questions below.

### Educational Program

Briefly describe the educational program.

Type response here.

### Population

Please indicate the population that will be served.

Type response here.

### Educational goals

Please provide the education goals from the project narrative in the space below. Add additional rows as needed.

|  |  |
| --- | --- |
| Goal 1: |  |
| Goal 2: |  |

### Anticipated Outcomes

What are the anticipated outcomes?

Type response here.

## Appendix B: STUDENT Safety

Describe how your organization keeps minors safe and conducts background checks on those that supervise or have access to minors. Refer to the Grant Information Guide for guidance.

Type response here.

## Appendix C: General Education Provisions Act ([GEPA](https://oese.ed.gov/files/2021/10/General-Education-Provisions-Act-GEPA-Requirements-Section-427-ED-GEPA-427-Form.pdf)) Section 427 Response

What barriers may impede equitable access and participation of students and educators?

Type response here.

Based on the barriers identified above, what steps have you taken or will you take to address equitable access to, and equitable participation in, the educational program?

Type response here.