



Maryland

STATE DEPARTMENT OF EDUCATION

GRANT INFORMATION GUIDE

Consolidated Local Implementation Grant (CLIG)

Federal Fiscal Year (FFY) 2025

State Fiscal Year (SFY) 2026

Maryland State Department of Education

200 West Baltimore Street

Baltimore, Maryland 21201

Deadline

May 15, 2025

No later than 5:00 p.m. EDT

MARYLAND STATE DEPARTMENT OF EDUCATION

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Program Description

As the lead agency for Maryland’s early intervention system, the Maryland State Department of Education (MSDE), Division of Early Intervention/Special Education Services (EI&SE) is pleased to present the Consolidated Local Implementation Grant (CLIG) for State Fiscal Year (SFY) 2026.

The Individuals with Disabilities Education Act (IDEA) is a federal law that makes available a Free and Appropriate Public Education (FAPE) to eligible children with disabilities throughout the nation and ensures special education and related services to those children. The IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 7.5 million eligible infants, toddlers, children, and youth with disabilities. Infants and toddlers birth to age 4 with disabilities and their families receive early intervention services under IDEA Part C. School-age children and youth ages 3 -21 receive special education and related services under IDEA Part B.

Congress states that “disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.”

It is required that Maryland's statewide system of early intervention is implemented in accordance with federal and State law and regulations (<https://sites.ed.gov/idea/statute-chapter-33/subchapter-iii>, [Title 34 Code of Federal Regulations Part 303, Maryland Education Code Section 8-416 \(2020\)](#), and [Code of Maryland Regulations \(COMAR\) 13A.13.01.02](#)). The CLIG is designated as the single mechanism through which local jurisdictions receive grants of federal and State funds to implement local early intervention programs in compliance with federal and State regulations, policies, and procedures. The CLIG is designated as the single mechanism through which local jurisdictions receive grants of federal and State funds to implement local early intervention programs in compliance with federal and State regulations, policies, and procedures.

AUTHORIZATION

PL 105-17 PART - C INDIVIDUALS WITH DISABILITIES EDUCATION ACT

Regulatory authority for the distribution of funds in support of early intervention services to eligible infants and toddlers and preschool children in the Early Intervention System of Services and their families is provided in [COMAR 13A.13.02.06](#) and [COMAR 13A.13.02.08C](#)

GRANT OVERVIEW

Name of Grant Program

Consolidated Local Implementation Grant (CLIG)

Purpose

To support early intervention services to infants, toddlers, and preschool children with disabilities and their families in Maryland.

Dissemination

This Grant Information Guide (GIG) was released on March 5, 2025.

Deadline

Proposals are due no later than 5pm on May 15, 2025. If a substantially approvable application is not submitted by this date, the July 1, 2025, grant award start date cannot be guaranteed.

Grant Period

July 1, 2025 – September 30, 2026

Funding Amount Available

Funding allocations are formula-based and vary by Local Lead Agency (LLA)/Public Agency (PA).

Eligibility

Funds are made available to the Local Lead Agency (LLA) in each Maryland jurisdiction to:

- Implement a local system of early intervention, Birth - Age 4;
- Provide funding for direct services that are not otherwise provided from public sources;
- Enhance statewide capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to young children with disabilities and their families ([34 CFR §303.1](#)); and
- Enhance the capacity of local programs and service providers to identify, evaluate, and meet the needs of all children, including historically underrepresented populations, particularly minority, low-income, homeless, inner city and rural children, and young children in foster care ([34 CFR §303.1](#)).

An LLA may be either a Local Education Agency (LEA) or a Local Health Department (LHD).

Local Interagency Agreement

The LLA shall enter into a formal Local Interagency Agreement with service providers participating in the local early intervention system. The Local Interagency Agreement must be signed by all parties and include provisions for the following:

- Assignment of financial responsibility for early intervention services;
- Procedures for achieving timely resolution of intra-agency and interagency disputes about payments for a given service, or disputes about other matters related to the local early intervention system, including a procedure for notifying the MSDE/ Maryland Infants and Toddlers Program (MITP) when resolution is not possible;
- A mechanism to ensure that no service that a child is entitled to receive under IDEA Part C is delayed or denied because of disputes between agencies regarding financial or other responsibilities;
- A description of Medical Assistance (MA) billing procedures for health-related services and service coordination including the role(s) of the partner agencies in the interagency agreement;
- Identification of the local government agency/department that will provide legal representation of the local Infants and Toddlers Program when the program is involved in IDEA dispute resolution procedures;
- Additional components necessary to ensure effective cooperation and coordination among all service providers involved in the early intervention system, including, but not limited to, the provision of timely and accurate fiscal and programmatic reporting;
- This agreement, which may not expire before June 30, 2026, requires the signatures of the local Superintendent of Schools, Health Officer, Director of the Department of Social Services and the director of any other participating local public agency;
- Language that states that infants and toddlers should be expanded to also include preschool children in the Early Intervention System of Services;
- Assurance that the local early intervention system has the capacity to provide continuous services in accordance with an IFSP to eligible infants, toddlers, and preschool children in the Early Intervention System of Services and their families during the grant period (requires the signature of the Director of the LLA); and
- A list of agreements with private agency partners that includes the information below:
 - Contracting agency
 - Private agency partner or contractor
 - Services provided, by discipline, including service coordination
 - Funding mechanism (e.g. contract, direct billing of Medicaid, etc).

Do not include the contracts with private agencies in the CLIG packet that is submitted to MSDE.

Notes: If contracts with private agencies are added during the grant year, please submit an updated agreement by mail or electronically to your grant liaison.

Submission Instructions

The CLIG electronic application can be downloaded [here](#). Download the application, complete it, attach the required appendices and obtain all required signatures. A single electronic file in PDF format must be submitted by upload to the local program's designated shared folder on the [MSDE Moveit Secure File Transfer Website](#). All uploaded files must be titled in accordance with the naming convention guidelines contained in the [MSDE Moveit Secure File Transfer Website Access and Submission Procedures](#).

Applications that are incomplete or missing required signatures will not be considered filed and will not be reviewed.

Program Contact

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State Responsibilities

MSDE is responsible for providing required information, data, documentation, and technical assistance to facilitate the grantee's performance of the work and will provide such additional assistance when requested.

Under Regulation [34 CFR §76.708](#), each Local Infants and Toddlers Program is required to submit a local application for federal funds in substantially approvable form and receive written authorization from MSDE prior to obligating funds.

Funding Sources and Use of Funds

Several sources comprise the funding for the consolidated local implementation grant, as outlined below.

Part C of the Individuals with Disabilities Education Act (IDEA)

Part C funds are provided annually by the U.S. Department of Education to the State Lead Agency responsible for the delivery of early intervention services to eligible infants, toddlers, and preschool children in the Early Intervention System of Services and their families under the IDEA. The State Lead Agency in Maryland is the Maryland State Department of Education (MSDE), which administers Maryland's early intervention services through the Maryland Infants and Toddlers Program (MITP). The U.S. Department of Education provides IDEA Part C funds to the State of Maryland to:

1. Develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants, toddlers, and preschool children with disabilities and their families as part of a Birth through 21 System of Services;
2. Facilitate the coordination of payment for early intervention services from federal, State, and local sources; and
3. Enhance the State's capacity to provide quality early intervention services and expand existing services provided to infants, toddlers, and preschool children with disabilities, and their families.

The Part C allocation from MSDE/MITP to LLAs is based on both the Part C Annual Child Count of children served on an Individualized Family Service Plan (IFSP), including those children from birth to the beginning of the school year following the child's fourth birthday, and the Part C Annual Referral Count of children referred to the MITP¹.

IDEA Part B, Section 611

MSDE determines the amount of Part B, Section 611 funding available annually and distributes this funding based on the Part C Annual Child Count and Referral Count. This funding contains additional funds to support the Extended Individualized Family Service Plan (IFSP) Option.

¹ 85% of CLIG allocations (excluding Part B, section 619 funding for Family Support Services for Children Age 3 - Kindergarten) are based on the average number of children, birth to the beginning of the school year following the child's fourth birthday, served in each jurisdiction's Local Infants & Toddlers Program (LITP), compared to the average number of children, birth through age four, served by the Maryland Infants and Toddlers Program (MITP) over the past 3 years. 15% of CLIG allocation (excluding Part B, section 619 funding for Family Support Services for Children Age 3 - Kindergarten) are based on the average number of referrals received in each jurisdiction's LITP, compared to the average number of children referred to the MITP over the past 3 years.

IDEA Part B, Section 619 Preschool

MSDE distributes Part B, Section 619 Preschool funds based on the size of each jurisdiction that establishes Family Support Services for Children, Ages 3-5, to support the transition of children and families from early intervention to preschool and from preschool to school-age programs. At least part of the allocation must be used to support the employment of a parent of a child with a disability on a salaried or contractual basis. The CLIG budget should reflect the distribution of funds to the agency responsible for implementing Family Support Services for Children, Ages 3-5.

The MSDE includes a separate allocation of Part B, Section 619 Preschool funding for three- and four-year-old children participating in the Extended IFSP Option. This funding can only be utilized for early intervention, administrative or family support staff; professional development for staff and parents; contract staff, supplies/materials and/or adaptive equipment associated with three- and four-year-old children, and their families, receiving services through an Extended IFSP Option. MSDE, EI&SE distributes this funding based on the Part C Annual Child Count and Referral Count.

Maryland State General Funds

State funding for SFY 2026 available to the Maryland Infants and Toddlers Program will be distributed through this consolidated application and must be budgeted to improve child and family outcomes for children receiving services on an IFSP. MSDE, EI&SE distributes the amount of State funding approved through the State budget process to local jurisdictions based on the Part C Child Count and Referral Count.

Additional IDEA Federal Funds

As available, additional IDEA federal funds may be directed to the Local Infants and Toddlers Program (LITP) to support ongoing local program needs and/or to support targeted program objectives. Funding sources, dedicated use, and budgeting and reporting requirements associated with this funding may vary.

Federal Medicaid Reimbursement Funds

LITPs receive federal Medicaid (MA) Program reimbursements for qualifying services upon presentation of compliant documentation to the Maryland Department of Health (MDH), the State agency designated to administer the federal MA Program in Maryland. MSDE, EI&SE utilizes the LITP allocations of CLIG State General Funds to enable LITPs to access and maximize federal MA reimbursement funding. MSDE, EI&SE deposits a portion of the Statewide CLIG State General Funds through the Intergovernmental Transfer (IGT) with MDH for the required non-federal payment match that qualifies the LITP expenditures for federal MA reimbursement. Payments to LITPs by MDH for approved claims are comprised of CLIG State General funds and federal MA reimbursement funds. Although federal MA reimbursement funds are not awarded as part of the CLIG and may be spent beyond the CLIG grant period, these funds must be used to support the LITP, in accordance with the existing Memorandum of Understanding between each LLA and MSDE and the CLIG Assurances that are included in the CLIG Application. (See [Payment Procedures](#) for special requirements and timelines related to CLIG State General funds.)

The allocations of the SFY 2026 CLIG funding, including the estimated portion of LITP's State General Funds allocation that will be used for the IGT, are provided to each LITP on the Estimated Allocation Sheet, which is issued in conjunction with the annual presentation of MSDE, EI&SE grant programs.

USE OF FUNDS

The Part C funding allocation must be used, in part, to support:

- Birth – age 3 family support activities and the position of a local Family Support Coordinator, who is a parent of a child with disabilities, unless the State approves a local early intervention system to utilize a different funding source or to reduce the amount dedicated to the Family Support Coordinator for children birth – age 3 (a fixed allocation of \$5,000).

The Part B, Section 619 funding allocation to support the Extended IFSP Option must be used on the following costs associated with three- and four-year-old children and their families who are receiving services through an Extended IFSP Option in the following categories:

- Early intervention, administrative or family support staff;
- Professional development for staff and family engagement for parents;
- Contractual staff; and/or
- Supplies, materials, and/or adaptive equipment.

Restrictions on the use of the Part B, Section 619 funding allocation to support Family Support Services for Children Age 3 – Kindergarten include:

- The budget must reflect the distribution of funds to the agency responsible for implementation of Family Support Services for children Ages 3 – Kindergarten;
- Part B, Section 619 Family Support Services for Children Ages 3 – Kindergarten funds are used for transition-related activities to support families and their children ages 3 – 5 served on an IFSP or IEP, and may not be used to supplement Family Support Services for Children Birth – Age 3 staff time or activities dedicated to supporting families' and children's participation in early intervention services; and
- A portion of the Family Support Services for Children Ages 3 – Kindergarten allocation must be allocated to support the salaried or contractual employment of a parent of a child with a disability.

Application Requirements

PROPOSAL COVER PAGE

Proposals must include a completed Proposal Cover Page provided in the application for participation. The cover page should not contain any graphics or additional information and must be signed by the Superintendent of Schools/ Head of Grantee Agency. The LLA must provide its Unique Entity Identifier (UEI) and the local early intervention system contact list. MSDE, EI&SE must be notified if there are changes to the Early Intervention System Contact List. The Cover Page must also include a screenshot of evidence of UEI from [SAM.gov](https://sam.gov).

EARLY INTERVENTION (EI) PROGRAM PLAN

Although the research within the fields of early intervention and preschool special education identifying evidence-based practices and programs has increased significantly, national reports have highlighted a research-to-practice gap that suggests a delay of 20+ years (Metz & Bartley, 2012). In part, this is because programs have historically focused on personnel development strategies to change practice, without considering the infrastructure needs to support the implementation of training content. Creating practice and system change within early childhood programs is an interconnected, recursive process. We can close the research-to-practice gap and ensure sustainable program success by understanding and addressing all components needed to support system change. The primary areas of the EI plan to support system change are infrastructure development and personnel development. The EI Program plan in the application focuses on these two areas of development.

Infrastructure Development

Infrastructure Development includes the organizational and leadership supports necessary to create and sustain programs that support providers in implementing evidence-based practices as intended.

- Organizational factors include:
 - Using data to inform decision-making;
 - Consistent messaging about program goals and evidence-based practices; and
 - Allocation of resources (i.e., time, staffing, caseloads) and supports (i.e. teaming structures, coaching).
- Leadership refers to all levels of decision-makers and people responsible for guiding staff and program development (i.e., Directors of Special Education, ITP Directors, interagency partners, B-K leaders, site coordinators, trainers, coaches). Leadership factors include:
 - Knowledge of evidence-based practice delivered with fidelity;
 - Ability to manage change;
 - Utilization of management and implementation teams; and
 - Ability to recognize and respond to issues that arise.

Personnel Development

Personnel Development includes strategies to develop, improve, and sustain providers' and supervisors' ability to implement evidence-based practices as intended to benefit children and families (selection, training, coaching, performance assessment/fidelity).

Configuring and utilizing a high-performing team that uses a data-informed decision-making process is vital to implement evidence-based practices, and ultimately, to improve child and family outcomes. A successful team has all the critical decision-makers at the table including families, interagency, general education, early childhood education, community, and other systemic partners.

Plan Components

Applicants are required to address each area of the program plan through:

- The presentation of data;
- An analysis of that data using a data analysis strategy that reflects on the root cause(s); and
- A plan including specific strategies to address the root causes of discrepancies highlighted by data analysis.

ACCESS IN EARLY INTERVENTION

Despite what we know about early intervention being key to setting children with delays and disabilities on a path to long-term success, some children who are eligible for and could benefit from services are not receiving them, and children of color often face barriers to accessing these services (The Education Trust, 2023). LITPs must consider the effectiveness and impact of their outreach, referral, intake, evaluation, and program development process and activities to determine where changes may be needed. Analyzing this data by race and ethnic group, as well as other underserved groups, such as Medical Assistance Eligible families, will help ensure that all families of children with delays and disabilities gain access to high-quality early intervention services.

Begin by considering the trends in the total number of infants (birth – age 1) and all children (birth – age 3) referred, evaluated, found eligible, and enrolled (initial IFSP developed) in the current and previous years.

For the overall number of referrals, evaluations and IFSPs, see considerations below:

Infrastructure Development Considerations	Personnel Development Considerations
<p>If the number of referrals or of IFSPs has changed meaningfully over time, what factors might be influencing that?</p>	<p>Are all personnel comfortable discussing the benefits of early intervention with families and addressing any family concerns about participation?</p>

Infrastructure Development Considerations	Personnel Development Considerations
How is data from the MOIFSP Report used to determine actionable items?	How are all disciplines equal and active contributors to conducting initial evaluations and developing IFSPs?
How often is the "referral-to-IFSP" workflow reviewed and analyzed?	Do we utilize the skills and capacities of all team members to support the intake and evaluation process in a timely and comprehensive manner?
What practices and strategies are in place to reduce unable to contacts and parents declining assessment/intervention?	
How many EI personnel do families encounter from referral to IFSP implementation?	
How has this information helped to inform or improve practice?	

Next, consider how various subgroups of children/families within the jurisdiction are accessing and engaging with early intervention services.

If the data shows significant under- or over-representation of one or more groups at any stage in the process, conduct a root cause analysis to determine contributing factors. You may wish to conduct additional data analysis to develop a fuller understanding of the patterns. Consider:

- Where do the discrepancies exist (referrals, evaluations, eligibility, receiving services)? Are they larger or smaller at some stages of the process than others?
- How is information about the program communicated to the public, to potential referral sources, and other stakeholders? Is the information equally available and accessible to all communities?
- Do the program staff reflect the community served in terms of race, background, language, etc.? How might this impact families and their engagement with the program?
- Consider the **children referred**. Does the percentage by race reflect the population of your community? If not, consider further analysis to answer questions like:
 - Do the percentage of referrals from different sources (parents, medical providers, childcare, etc.) vary for different groups? Why might this be?
 - What is the average age of referral for children in each group? If it differs significantly, why?

- Consider the **children evaluated**. Does the percentage by race reflect the population of your community? Do different subgroups have similar percentages of children referred who are evaluated? If not, consider further analysis to answer questions like:
 - Are there differences in rates of families who the program is unable to contact? Why might that be happening?
 - Are there differences in the rates of families who decline an evaluation? Why might that be happening?
 - If the program uses screening, are there differences in the rate of children being “screened out” as not needing evaluation? Why might that be happening?
- Consider the **children found eligible**. Does the percentage by race reflect the population of your community? Is the percentage of evaluated children found eligible similar across subgroups? If not, consider further analysis to answer questions like:
 - Are the evaluation tools being used culturally responsive and relevant?
 - How are families engaging in the evaluation process?
 - What supports, strategies, and follow-up are offered to families who had concerns whose children are not found eligible?
- • Consider the **children who begin services**. Do they reflect the population of your community? Is the percentage of eligible children who enroll similar across subgroups? If not, consider further analysis to answer questions like:
 - How do the above factors (referral, evaluation, eligibility) impact the number of children served?
 - If the length of time in program on average differs between groups, what factors may impact that?
 - If the patterns of reason for exit (completed IFSP, parent withdrawal, etc.), differ between groups, what may contribute to these patterns?

Based on the root cause analysis and understanding of the program’s current practices, strengths, and needs, identify actions to increase access. The questions below are provided to support thinking and planning in determining actions to be taken. It is not necessary to include the answers to each question in the application.

Infrastructure Development Considerations	Personnel Development Considerations
How do we use disaggregated data to determine priorities and actions? Are there other data we should consider?	How are professionals in all disciplines trained to utilize culturally responsive evaluation and assessment practices?
How are data, including data disaggregated by race and other factors, used to inform and improve all areas of the CLIG?	How are all staff trained to reduce implicit bias and utilize culturally responsive strategies when interacting with families from referral to engagement in services to transition?
What strategies are in place to target minority/underserved populations, from initial referral to engagement in services?	
How do we ensure that the development of priorities, policies, and practices reflects the input of diverse stakeholders that reflect our community?	

Child Find (Indicators 5 and 6)

Report the percentage of children from birth – age 1 and birth – age 3 that the program served in the previous year.

Briefly describe the program’s outreach and public awareness activities, including activities that target families and other referral sources. (Bullet points may be used)

Local Public Awareness Plan (if applicable)

If the program did not meet the State target for SPP/APR indicator #5 or indicator #6 as a result of SFY 2024 (July 1, 2023 – June 30, 2024) data, submit a Public Awareness (PA) Plan as part of the CLIG application. If staff training and ongoing support has been identified as a strategy, it must be included in the CSPD Plan.

Consistent with [COMAR 13a.13.02.04](#), all jurisdictions must have a current comprehensive Public Awareness (PA) Plan on file and must report on the Plan’s progress in the Final Program Report. However, if a local program was required to provide an IP for indicator #5 or indicator #6 resulting from SFY 2023 (July 1, 2022 – June 30, 2023) data, a local program must revise and submit a PA Plan as part of the CLIG application. (Refer to your local program’s Linking Federal Funds for Program Improvement Chart.)

The PA Plan describes how the local early intervention system will inform the public about the LITP, program goals, and the Child Find system, including the Single Point of Entry and referral timelines. The PA Plan should be based on current information and aligned with conclusions drawn from self-

assessment, including the analysis above of disaggregated data, required actions from monitoring by the MITP, and other data related to program improvement. Briefly describe how the local early intervention system will inform the public about the LITP including:

- The overarching goals of early intervention, which are to enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings AND to enable families to provide care for their child and have the resources they need to participate in their own desired family and community activities;
- The three early childhood outcomes, which provide the framework to reach the goals stated above:
 1. Positive social-emotional skills and relationship development;
 2. Acquisition and use of functional knowledge and skills to participate in activities; and
 3. Appropriate behavior to meet needs (leading to increased independence).
- Family-centered, capacity-building methods and procedures;
- The Child Find system, including;
 - Single Point of Entry;
 - MITP Online Referral; and
 - Referral timelines.
- Providing a link to the local Infants and Toddlers website and ensure the LITP website has a link to the MITP Online Referral site; and
- Providing any printed public awareness materials (i.e., program brochure).

The PA Plan must be aligned with program improvement efforts, and include the following data:

- The percentage of children birth to age one with IFSPs (indicator #5);
- The percentage of children birth to age three with IFSPs (indicator #6);
- The number of referrals, evaluations, and initial IFSPs over the past year in comparison to previous years; and
- Other data sources – Minority/underserved populations served in local program as compared to the minority/underserved population in the local jurisdiction; minority/underserved populations school readiness data as compared to other populations or other county data sources.

System Considerations for Specific Strategies/Outreach Activities

The following public awareness activities should be ongoing and continually reassessed to increase awareness of and access to the LITP:

- Target primary referral sources (hospitals, HMOs, pediatricians, and other physicians and medical practitioners, DSS, home-visitors, Judy Center staff, childcare providers) to ensure they are informed about the local early intervention system and procedures for referral to the single point of entry and information about referral timelines;
- Increase parent awareness and participation in the local early intervention system including parents of premature infants and children with other health conditions that may make them eligible for early intervention;
- Coordinate with public awareness activities of other early childhood programs (such as home visiting programs, public/private agency partners, the Supplemental Security Income programs, Head Start, childcare, and preschool programs) and provide for communication with local public agencies, private providers, parent and advocacy groups, and other organizations; and
- Increase awareness and participation of minority and underserved communities (e.g., low-income, rural, homeless, foster care, wards of the State, children abused and neglected, children affected by substance abuse and drug exposure, and English as a Second Language families) in the local early intervention system. (See CLIG Assurances Statement 2).

In developing the public awareness plan, see considerations below:

Infrastructure Development Considerations	Personnel Development Considerations
How does the local infants and toddlers program create a culture that emphasizes routines-based intervention supporting the three early childhood outcomes?	How are intake staff trained in describing EI services as routines-based, focused on building family capacity?
How does leadership support public awareness/community outreach efforts in the LITP?	How are all disciplines trained to evaluate, assess, and support newborn/premature/infant development? Substance-exposed newborns?
What evaluation tools/processes/procedures are in place to support identification of very young children?	How is fidelity of evaluation procedures measured?
How is data used to determine actionable items at the program level?	How are all disciplines trained to evaluate, assess, and support integrated development?
How does the LITP utilize implementation teams to support and sustain system change	How are fidelity of evaluation procedures measured?
How often are staffing patterns and evaluation data reviewed?	

Evidence-Based Practices

MSDE has identified a core set of approaches to early intervention service delivery that lead to positive outcomes for children and families. These include:

- Routines-Based Interview for gathering information about family strengths, resources, activities, and priorities to support development of an IFSP that supports the child’s functional participation in meaningful activities;
- Reflective Coaching for supporting and empowering parents and other caregivers to implement development-enhancing interventions in the context of ongoing activities and building their capacity to support their children’s growth; and
- Pyramid Model for supporting parents and caregivers in developing children’s social-emotional skills and responding to challenging behavior with increasing supportive interventions based on children’s needs.

Through the State Systemic Improvement Plan, statewide professional learning and technical assistance, and other activities, MSDE has supported implementation of these practices in the LITPs. In this section of the EI Program Plan, **briefly** describe the LITPs process to implement these EBPs. Indicate the number and percentage of staff trained to fidelity in each practice. Include Information on additional EBPs, such as Primary Service Provider, that the LITP Is implementing. Consider how the LITP will begin, expand, and/or sustain the implementation of the practices in the coming year. Describe planned activities or changes to support implementation. The questions below are provided to support reflection and planning – it is not necessary to provide answers to all the questions.

Infrastructure Development Considerations	Personnel Development Considerations
Do schedules provide staff with the time they need for collaboration, professional learning, etc. to support the practices?	What processes are in place for training new staff in the practices being implemented?
Do teams have the resources they need to implement the practices?	How will we increase the number of staff who are trained?
Does leadership at all levels of the system have the information and understanding of the practices they need to support implementation?	What is the process of fidelity checking and providing coaching and support to staff who need it?
How do we communicate about the practices to stakeholders at all levels (EI staff, other LLA staff and leaders, families, community partners, etc.)	What opportunities exist for veteran staff to provide mentoring and support to others in implementing the practices? How is this supported (e.g., reduced caseloads, release time, compensation, etc.)?

Include information on professional learning and coaching related to the EBPs in the CSPD section.

Child Outcomes Summary (COS) Process

Maryland's Birth to Kindergarten System of Services is committed to providing effective services for infants, toddlers, and preschoolers with developmental delays and disabilities and their families. As required by the federal Office of Special Education Program, Maryland measures the impact of early intervention services by determining children’s improvement in three critical, functional areas:

1. Social-emotional skills, including social relationships;
2. Acquisition and use of knowledge and skills to engage in activities; and
3. The use of appropriate behaviors to meet their needs and gain independence.

Supporting children and families and meeting the targeted levels of growth in each outcome requires a skilled Early Intervention workforce knowledge in the strategies and evidence-based practices that facilitate child development and kindergarten readiness. The organization must also provide the environment and infrastructure needed to support implementation under the guidance of leaders who manage the change process and provide guidance and support. Staff must also have an understanding of the Child Outcomes Summary process and the structures and supports to implement it with fidelity.

The statewide birth-kindergarten COS training includes guidance and direction on the four (4) Core Components of the COS process to ensure consistent fidelity of practice and accuracy of COS data. A [Child Outcomes Summary Technical Assistance Bulletin](#) is available on the MSDE website. All early intervention providers must participate in local COS training and annual refresher training as outlined in the [Guide to Birth to Kindergarten Child Outcomes and Child Outcomes Summary \(COS\) Process Training and Support \(October 2018\)](#). Therefore, COS training must be included in the CSPD Plan.

In addition, programs need to consider the organization and leadership components that must be in place to support successful implementation. Implementing the COS process with fidelity requires good authentic assessment, which is different from evaluation for eligibility for services. It also then requires time for the information gathered through authentic assessment to be age-anchored, a necessary step in determining each child's functioning relative to same-age peers. Therefore, one of the biggest shifts to consider is separating the evaluation and authentic assessment activities during the referral process and allowing time for age-anchoring before developing the IFSP. This may involve examining evaluation and/or assessment teams, procedures, caseloads, and workflow, as well as potentially allocating resources differently. It requires leadership to understand what COS fidelity looks like and how it plays into creating a culture that recognizes the three outcomes as the framework for all early intervention work.

The Child Outcomes section of the application requires applicants to address several State Performance Plan/Annual Performance Report (SPP/APR) indicators related to the outcomes stated above:

- Indicator 3A: Birth – Age 4 Outcome: Use of social and emotional skills
- Indicator 3B: Birth – Age 4 Outcome: Use of knowledge and skills
- Indicator 3C: Birth – Age 4 Outcome: Use of appropriate behaviors

In analyzing child outcome data, the LITP should consider both the implementation of the COS process itself AND the implementation of intervention services and other supports as likely contributors to results for children and family.

Programs may wish to begin by analyzing their COS data for patterns that suggest potential concerns about data quality and process implementation

(https://ectacenter.org/~pdfs/eco/pattern_checking_for_cos_ratings.pdf). Programs may also wish to disaggregate their COS data by a variety of factors (e.g., race/ethnicity, MA status, age at entry, length of time in program, exit at 3 vs. participation in the extended option, etc.) to detect patterns to consider in the root cause analysis. Review the program data and the questions below to identify strategies that the program will implement in the coming year to improve child outcomes. In the application, describe the strategies and actions to be taken; it is not necessary to answer each consideration question.

Infrastructure Development Considerations	Personnel Development Considerations
How has the time necessary to complete authentic assessment (separate from evaluation) been built into staffing patterns and caseloads?	How are all disciplines trained to implement COS to fidelity, including the four (4) Core Components (authentic assessment, age-anchoring, COS Rating Prep Tool, Decision Tree)?
How is the Guide to B-K COS Training and Support used systematically across all team members/sites/programs?	How is fidelity measured?
What policies/procedures are in place for annual assessment requirements?	How are all staff supported with ongoing coaching and annual refresher training?
Does leadership understand what full implementation with fidelity looks like?	How is the COS-Team Collaboration used annually to build depth of knowledge across disciplines in the COS process?
How do leaders and teams support successful implementation?	What training and support do team members need to adjust intervention strategies and intensity if the child is not making the expected progress?
How does the LITP create a culture that uses the three outcome areas as the framework for all EI work?	
What processes and structures are in place for interim/on-going assessment (in addition to progress monitoring on IFSP outcomes?)	
What are our practices when a child is not showing the expected amount of progress? What resources are available to intensify or change intervention?	

Items in the Personnel Development Strategies column EI Program Plan must be included in the CSPD plan.

All newly hired early intervention staff must complete the [MD-COS Competency Check](#) (or, for jurisdictions participating in the pilot program the DaSY COS-KC) by the end of SFY 2026 as a required component of the Early Intervention Personnel Standards. COS Competency Check reports will be distributed by MSDE, EI&SE in Spring 2025 to support the development of the local CLIG application.

COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT (CSPD)

Pillar 1 of the Blueprint prioritizes expanding and enhancing workforce development by improving professional development opportunities, coordination, and alignment efforts, and improving compensation for early childhood education professionals.

The four major goals are to:

- Help develop a professional workforce qualified to provide care and education for young learners;
- Improve the status and compensation for early childhood educators,
- Recognize professional learning and ongoing education, and
- Provide a structure for growth.

The Comprehensive System of Personnel Development (CSPD) Plan specifically addresses the Personnel Development strategies across all sections of the Early Intervention Program Plan. The purpose is to describe how the local early intervention system will build capacity on a transdisciplinary basis, for public and private providers, primary referral sources, community partners, Family Support Network/Preschool Partners Coordinators, parents, paraprofessionals, and service coordinators to improve outcomes for infants and toddlers with disabilities, including children in the Extended IFSP Option, and their families.

The CSPD Plan developed by a local jurisdiction must include, where appropriate, training on the basic components of the early intervention system; the coordination of transition services from the Infants and Toddlers Program to Preschool Special Education services, or another appropriate early childhood program; and the development, implementation, and incorporation of educational outcomes in the IFSP that promote school readiness, including pre-literacy, language, and numeracy skills.

All CSPD Plans must include:

- The name of the designated LITP contact for the Early Intervention Personnel Standards requirements must be indicated in the CSPD Plan; and
- Data on and an analysis of:
 - Total number of staff (full- and part-time, all disciplines, including service coordinators);
 - Number of staff who need to meet EI Personnel Standards requirements;
 - Number of staff who **met** EI Personnel Standards initial training requirements; and
 - Number of staff who are Nationally Board Certified and what, if any, incentives will be provided for staff to pursue NBCT.

Note: The Early Intervention Personnel Standards must be entered into the Personnel Standards Database (formerly the Suitable Qualifications process). Please reference [Maryland's Early Childhood Intervention & Preschool Special Education System Personnel Standards Guide](#) for more information.

Considerations:

- Connect personnel development strategies to the IFSP process. The IFSP process, document, and online tool must support the full implementation of recommended practices in early intervention. All early intervention personnel must be trained in the IFSP process and how to complete the revised document/online tool.
- Other sources of information that should be considered when assessing local training needs may include implementation of evidence-based practices (EBPs); EBP fidelity measures; family and child issues currently presenting a challenge within the program; local, state, and national issues, trends, focuses; self-assessment of the program (i.e., IFSP Process Performance Indicators-PPI); and evaluation of training.
- Other data related to program improvements such as the implementation of evidence-based practices, self-monitoring, local data profiles, SPP/APR improvement plans, comprehensive monitoring results, and complaints and investigations requiring corrective actions, should be based on current information.
- When identifying training, consider what is already being offered by all agencies participating in the local early intervention system. Sponsoring training is only one way of building capacity. If opportunities, including funding, are being offered to individuals to attend other local, State, or national training, include that opportunity in the plan.
- Effective professional learning activities should be designed to facilitate increased knowledge and skills and delivered in more than one event over a long time. It takes time for adult learners to process new information and put it into practice. Ongoing reflective coaching provides real-life application support and accountability. Research shows positive performance outcomes when comparing the results of only training versus training with follow-up coaching. Training produced 23% better performance, but training with follow-up coaching produced 88% better performance. Combining high-quality training and ongoing reflective coaching is a powerful combination and should be utilized when implementing evidence-based/recommended practices.
- Selected delivery models should include the presentation of new material, demonstration, practice, reflection, feedback, and follow-up for evaluation and accountability. Delivery should involve a variety of instructional modes and activities based on evidence-based adult learning strategies (individual and group learning, lecture, discussion, video and/or role-play, etc.) As part of the design, participants should learn collegially, in cooperative situations, with and from each other through ongoing reflective practices.

Each proposed Professional Learning Opportunity identified in the CSPD must include:

- The focus area of the program plan for which the identified training is being sponsored (i.e., areas of non-compliance and performance, program improvement, required corrective actions, child find, COS, IFSP, suitable qualifications, specific evidence-based practices, etc.);
- The training topic and presenter(s) (if identified);
- The target audience for which the training will be offered (i.e., all ITP staff, specific disciplines, employed/contracted staff, parents, community partners, referral sources, etc.);

- Evaluation levels and fidelity checks to ensure implementation as intended;
- How ongoing coaching support will be provided through internal or external personnel; and
- How often coaching sessions will occur, for how long, and in what context (i.e., individual or team or both).

Complete the table included in the application OR attach a document containing the required information.

Note: Information about the actual professional learning opportunities provided must be included in the Final Program Report and should include those activities proposed in the original CSPD Plan. Additional training opportunities identified after the CSPD Plan has been submitted can be included in the Final Program Report.

Family Support for Children Birth – Kindergarten

Blueprint Pillar 1 emphasizes the importance of expanded family supports. The MITP recognizes that family engagement is a core component of early intervention services. By implementing family engagement strategies, early intervention programs are offering opportunities to support initiatives that strengthen families and support school readiness for children.

Family Support Services for Children Birth - Age 3

The Family Support Services for Children Birth to Age 3 supports families of children who receive early intervention services through local Infants and Toddlers Programs. Support can be offered through various strategies and activities to meet the diverse needs of families. Families of young children with disabilities benefit from family-to-family support; a network of resources to help access information pertinent to their child's disabilities and family circumstances; and a better understanding of the Individualized Family Service Plan (IFSP) process. At least a part of the required Part C Family Support Services for Children Birth - Age 3 allocation must be used to support the salaried or contractual employment of a parent of a child with a disability, in the position of family support coordinator.

Family Support Services for Children Ages 3 - Kindergarten

Family Support Services for Children Ages 3 - Kindergarten provides ongoing support and training to support the transition of children and families from early intervention to preschool, and from preschool to school-age programs. They also promote increased family involvement. At least a part of the Part B 619 Family Support Services for Children Ages 3 - Kindergarten allocation must be used to support the salaried or contractual employment of a parent of a child with a disability, in the position of family support coordinator.

NOTE: Section 619 Preschool funds allocated through the CLIG do not need to be transferred to the Local Education Agency. The CLIG budget should reflect the distribution of funds to the agency responsible for implementing Family Support Services for Children Ages 3 - Kindergarten. Section 619/ Family Support Services for Children Ages 3 - Kindergarten funds must support activities whereby families focus on the transition of children into and from local school system preschool special education services and may not be used to supplement Family Support Services for Children Birth -

Age 3 staff time or activities dedicated to supporting families' and children's participation in early intervention services.

Required Components of the Family Support Services for Children Birth - Age 3 and Family Support Services for Children Ages 3 - Kindergarten Plan

Complete data analysis/root cause analysis utilizing the indicator #4 - Family Outcome data, including the response rate and representativeness of the Early Intervention Family Survey and the Family Support Data submitted to MSDE, EI&SE Family Support.

Describe how Family Support Services for Children Birth - Age 3 and Family Support Services for Children Ages 3 - Kindergarten operate in the local jurisdiction. Based on data, describe specific Family Support Birth - Age 3 and Family Support Age 3 - Kindergarten activities with appropriate timelines proposed in SFY 2026. The Family Support Services for Children Birth - Age 3 plan must include strategies to improve response rates to the EI Family Survey and the representativeness of survey responses. Representativeness of the survey responses by race/ethnicity is required. Family Support Services for Children Ages 3 - Kindergarten activities must include specific strategies to promote a seamless transition from early intervention services to preschool services and transitions to school-age services.

SFY 2026 Part C State Systemic Improvement Plan (SSIP) Discretionary Funds

Jurisdictions selected for participation in the State Systemic Improvement Plan (SSIP) will receive a grant of \$50,000 to support these efforts. Sample uses for these funds may include:

- Professional learning to enhance local program use of evidence-based practices, including Pyramid Model, the Routines-Based Interview, and reflective coaching;
- Professional learning to increase the quality and effectiveness of IFSP process and document;
- Professional learning to increase COS competency for IFSP teams;
- Ongoing system and/or content coaching to support implementation;
- Increased collaboration with typical early childhood mental health programs/projects and/or community partners; and/or
- Stipends to encourage partners, including families, to engage in local implementation activities.

To receive these funds, each CLIG application must use the template to be provided to four participating LITPs and include:

- Program priority(s) for use of funds;
- Local data that supports or challenges the implementation of evidence-based practices;
- Goal statement(s);
- A description of infrastructure and personnel strategies/activities that will be used to improve social-emotional child outcomes;
- The implementation timeline for each strategy;

- Method of evaluation or measure of fidelity for each strategy;
- The associated resources and budget for each strategy;
- The plan for sustainability of each strategy, as appropriate; and
- A Proposed Budget Form C-1-25 and a Budget Detail Form.

Budget and Budget Narrative

The budget submission component of the CLIG application consists of all the tabs from the SFY 2026 CLIG Budget Submissions Workbook. After the budget information from all partner agencies has been entered into a single copy of the SFY 2026 CLIG Budget Submissions Workbook, print the workbook, obtain signatures, order the pages by attachment number, and submit as the final attachment to the application. Instructions for the use of the SFY 2026 CLIG Budget Submissions Workbook are included on the first tab of the Workbook.

The required components of the budget submission are:

- **Information Input Worksheet.** The Lead Agency must enter all partner name information, allocations, Unique Entity Identifier (UEI), and SFY 2025 MSDE Indirect Cost Rate (as the SFY 2026 figure is not yet available). Based upon information entered on this form, each page of the SFY 2026 CLIG Budget Submissions Workbook will be labeled with the agency name and role (Education, Health, or Social Services), and the preparer will be alerted by cells with a yellow background that information entered requires revision;
- **Grant Budget C-1-25 Form** for each CLIG funding source, signed by the LITP director and financial representative;
- **MITP Form 100** - Local Infants & Toddlers Program Consolidated Budget Form that aggregates the budgets of each partner agency for all LITP related costs provided on each partner agency's MITP Form 100A. *Partner agencies are local education agencies, departments of health, departments of social services, and in a few jurisdictions and other agencies. **This form includes the Federal Medicaid Reimbursement Availability Worksheet that requires the documentation of that status and availability of federal Medicaid reimbursement funds;** and
- **LLA/PA Prohibition Against Supplanting Template** based upon aggregated budget and actual figures from all partner agencies that report all **LITP non-federal funding and non-CLIG awarded State funding for SFY 2024, 2025, and 2026** (SFY 2025 figures are automatically aggregated from each partner agency's MITP Form 100A).
- **For each partner agency:**
 - **MITP Form 100A** - Infants & Toddlers Partner Agency Budget Form that aggregates budgeted costs from each agency's MITP Forms 100B and 100Cs for all funding sources, including CLIG – awarded funds. **This form includes a section entitled, "Description of other Federal, Other State, and Other/Private Funds" in which each partner agency that budgets non-CLIG-awarded federal or State funds or non-Local funds must provide a description of these funding sources;**

- **MITP Form 100B** illustrates costs budgeted for Salaries and Wages (Object 01) and associated fringe costs (that will automatically populate to the MITP Form 100C for Object 04) to be charged to each funding source. The positions are differentiated as Administrative/Direct Services (in order to automatically populate the agency's MITP Form 100D). This form includes a comparison of SFY 2025 and SFY 2026 FTEs for all non-federal funding, including CLIG-awarded State funds;
- **MITP Form 100C** - Budget Detail Form for each object (02–05) that provides detailed information of budgeted costs (e.g., separate listings of amounts for office and service supplies, such as printer paper and cartridges or assessment tools, toys, or craft items to be purchased, contracted services, and all other charges) for each funding source (Part C expenditures must be assigned to Part C Administrative or Part C Direct Services for populating the agency's MITP Form 100D). In the detail area of each numbered expenditure block, each listed cost must: 1) include unit/hourly costing information; and 2) specify the funding source to be charged.

The total for each funding source specified in the Detail area must be manually calculated and entered into the funding source line above the Detail area so that it will be automatically aggregated to the agency's MITP Form 100A. The total of expenditures for each funding source that are listed in the Detail area of a funding block must match the figure entered in the funding source line above the Detail area. **Please note that an initial application submission that contains a Form 100C that does not comply with these requirements may result in monitoring report findings;** and

- **MITP Form 100D** - Part C Direct/Administrative Costs which will automatically populate with the information provided on the MITP Forms 100B and 100C.

Budget Planning, Procedures, and Considerations

PLANNING

The LLA is charged with the fiscal management of the CLIG-awarded grant funds within the greater context of the fiscal management of the LITP in its entirety. Consequently, budgeting and reporting requirements apply to CLIG-awarded funds and all other funding that supports the provision of LITP services. Furthermore, since the LITP expenditures are incurred by multiple agencies, budgeting and reporting tasks will require the LLA to aggregate data from all partner agencies for all funding sources, including funds not awarded through the CLIG. Planning for the upcoming fiscal year involves the coordination and cooperation of partner agencies to produce the budget information required for the CLIG application. Coordination is also essential to ensure LITP compliance throughout the year with applicable program and fiscal requirements, such as the aggregation of partner agency data for reporting and invoicing.

DEVELOPMENT OF BUDGET DOCUMENTATION

Detailed budgets for the planned expenditure of CLIG-awarded funding and all other funding that supports the LITP through all partner agencies are a required component of the CLIG application. The SFY 2026 CLIG Budget Submissions Workbook is a tool that assists the LLA to record details of each partner agency's planned expenditures from all funding sources, including CLIG-awarded funds, and to produce accurately aggregated summary documents and budgets to illustrate the planned use of funds by all of the LITP partner agencies. Proper completion of the SFY 2026 CLIG Budget Submissions Workbook will result in summary budget documentation for the CLIG-awarded grant funds and for all other funding sources of the LITP, consolidated from data entered for the partner agencies. Step-by-Step Instructions for the use of the SFY 2026 CLIG Budget Submissions Workbook to produce the required budget submission are included on the first tab of the Workbook.

The SFY 2026 CLIG Budget Submissions Workbook utilizes programmed worksheets to simplify the task of correctly documenting and totaling grant and program budgets that are aggregated from partner agencies and ensures compliance with various funding requirements. **The LLA must coordinate the entry of each partner agency's information into a single copy of the SFY 2026 CLIG Budget Submissions Workbook for the programmed worksheets to validate and correctly aggregate the entered data.**

Since the detailed expenditures drive the automated population of the summary pages of the SFY 2026 CLIG Budget Submissions Workbook, the suggested first step toward efficiently completing the Workbook is to develop, with consultation among partner agencies, a list of proposed LITP expenditures based upon historical and anticipated needs. After this listing is compiled, the completion of the SFY 2026 CLIG Budget Submissions Workbook will mainly entail the assignment of expenditures to the various partner agencies and funding sources.

BUDGETING CONSIDERATIONS

Following is a list of some important requirements that must be considered while developing the list of proposed expenditures, assigning them to various funding sources, and completing the SFY 2026 CLIG Budget Submissions Workbook:

- CLIG-awarded funds must be budgeted to improve outcomes for infants, toddlers, and preschool children and their families in the Early Intervention System of Services. Additionally, priorities previously identified by MSDE through monitoring may need to be reflected in the budget of the LITP. Allowable expenditures include salaries and fringe benefits for direct service positions, purchase of early intervention services through contracts or other locally approved procurement

mechanism, purchase of administrative or early intervention supplies and/or equipment used to support the provision of or to provide direct services to eligible children and their families, and staff/parent training. **All CLIG funding must support only IFSP related activities except for the Part B Section 619 allocation for Family Support Services for Children Ages 3 - Kindergarten which may be used to support the transitions to and from a preschool IEP.**

- State General funds may not be used for administrative positions, computer technology for administrative purposes, furniture, or capital improvements. **Complete information regarding the use of State General funds can be found in Appendix F of the [MSDE Financial Reporting Manual, Revised 2014](#).**
- Federal funds may not be used to purchase furniture (i.e., filing cabinets, storage cabinets, tables, etc.), unless specially designed to implement the goals and objectives of a child's IFSP or for parent training activities. Federal regulations related to the allowable use of federal grant funds can be found at: [2 CFR Part 200 Subpart E – Cost Principles](#)
- In accordance with [34 CFR §300.800](#), Part B 619 funds that are intended to supplement the Extended IFSP Option must be used only for children with disabilities aged three through the beginning of the school year following the child's fourth birthday. Utilizing this funding for positions that support this population and younger children will require reporting to ensure that the Part B 619 funds are used only for their intended population, in accordance with [2 CFR §200.430 \(i\)\(1\)\(i\)\(vii\)](#).
- Mandatory minimum allocations of grant funds for the following purposes must be clearly designated in budget documentation:
 - **Family Support Services for Children Birth – Age 3**
 - A fixed allocation from Part C funds of \$5,000 to support the position of local Family Support Services for Children Birth – Age 3 Coordinator and family support activities, unless the State approves a local early intervention system to utilize a different funding source or to reduce the amount dedicated to Family Support Services for Children Birth – Age 3 activities;
 - At least part of this \$5,000 must be used to support the salaried or contractual employment of a parent of a child with a disability, in the position of family coordinator;
 - Proposed costs related to the parent position must be entered in the Part C funding column of the Family Support Services for Children Birth - Age 3 "Parent" row of the Form 100B and/or clearly identified in a detail section of the Object 2 Contracted Services From 100C worksheet, as "Part C FSN."
 - Other types of costs comprising the \$5,000 must be clearly identified in a detail section of the applicable from 100 C worksheet, as, "Part C FSN."
 - **Family Support Services for Children Ages 3 – Kindergarten**
 - The CLIG budget should reflect distribution of the Part B 619 allocation for Family Support Services for Children Ages 3 - Kindergarten to the agency responsible for implementing Family Support Services for Children Ages 3 - Kindergarten;

- This entire grant must be used for transition-related activities supporting families and their children ages 3-5 served on an IFSP or IEP. These funds may not be used to supplement Family Support Services for Children Birth – Age 3 staff time or activities dedicated to supporting families' and children's participation in early intervention services;
- At least a part of the Part B 619 allocation for Family Support Services for Children Ages 3 - Kindergarten must be used to support the salaried or contractual employment of a parent of a child with a disability, in the position of family coordinator;
- Proposed costs related to the parent position must be entered in the Part B 619 PP funding columns on the Family Support Services for Children Ages 3 - K "Parent" row of the Form 100B and/or clearly identified in a detail section of the Object 2 Contracted Services Form 100c Worksheet as "619 PP;" and
- Other types of costs to be charged to the Part B 619 PP funds grant must be clearly identified in one of the Detail sections of the applicable Form 100C worksheet as "619 PP."

(Tip: There are two CLIG allocations of IDEA Part B Section 619 funds; one for Family Support Services for Children Ages 3 - Kindergarten and one for the Extended Option, as explained here. The Part B Section 619 /Extended option allocation may not be used to support IEP services.)

- A fixed allocation from Part C funds of \$600 to support participation in the SFY 2026 Early Intervention/Special Education Services Required Professional Learning Opportunities or other professional development activities.
- Although federal Medicaid (MA) Reimbursement Funds received for LITP services may be spent outside the SFY 2026 CLIG funding period, they must be spent only to support the LITP, in accordance with the Memorandum of Understanding between MSDE and each LITP. Each LITP must account for the federal MA funds received as reimbursement for LITP services, as recorded by MDH, for each fiscal year. Each LITP's Form 100 contains a section entitled, "Federal Medicaid Reimbursement Availability Worksheet" that enables the LLA to account for the utilization of these funds by SFY and shows the availability of these funds for the upcoming year's budget.
- Although the CLIG State General funds will be delivered to the LITP through two vehicles (through a direct grant to the LITP and payments by MDH of CLIG State General funds that are deposited with MDH for approved MA claims) the LLA must budget the full CLIG allocation of State General funds on applicable budget forms (C-1-25, Form 100, Form 100A, Form 100B, Form 100C).
- The availability of the LITP's State General funds awarded through the CLIG Application, whether received through direct grant to the LITP or payments by MDH of CLIG State General funds that are deposited with MDH for approved MA claims, cannot be extended beyond June 30, 2026. CLIG State General funds that have not been obligated by the end of the grant period will revert to the State treasury. However, the initial grant period of the Federal IDEA Part C, Part B Section 611, and Part B Section 619 funds can be extended to June 30, 2027 using the grant extension process.
- MITP Form 100D must categorize expenditures of only Part C funds as either direct services or administrative costs. MSDE views service coordination and the time spent taking a referral as a direct service. To facilitate this categorization, the Form 100C pages are designed for entries of Part C expenditures as either for direct services or administrative costs, which will automatically populate the Form 100D for each partner agency.

- Indirect Costs are allowable for State funds to the extent of the Restricted Indirect Cost Rate approved for federal programs, not to exceed a maximum of 2%. **Indirect costs are not allowable to CLIG-awarded federal funds.**
- Expenditures must be categorized by object as defined in the [MSDE Financial Reporting Manual, Revised 2014](#). For equipment (Object 5 on the Grant Budget C-1-25 Form): Equipment includes tangible personal property having a useful life of more than one year and/or an acquisition cost equal to the lesser of the per unit minimum dollar amount established by the grantee for financial statement purposes, or \$5,000 (\$500 if a sensitive item). Sensitive items are capital or non-capital items that are prone to theft such as recording devices, portable tools, cameras, and other small items that may be concealed in a handbag or briefcase, or larger items such as laptop computers, projectors, printers and the like, for which there is a history of theft or loss.
- Each proposed expenditure that is listed on a Form 100C must include sufficient detail to enable grant reviewers to determine allowability according to applicable regulations. Reflect the unit cost, the number of units to be purchased, if applicable, and the total cost. Examples of required detail:
 - 100 hours of physical therapy services @ \$65/hr. = \$6,500
 - 10 reams of paper for IFSP documents @ \$7.00/ream = \$70
- In accordance with the IDEA Part C Prohibition Against Supplanting provision, [34 CFR §303.225](#), the total amount of State and local funds budgeted for expenditures in SFY 2026 by a LITP/PA for early intervention services for children eligible under Part C and their families must be at least equal to the total amount of State and local funds actually expended for early intervention services for these children and their families in SFY 2024. CLIG Budgets are considered compliant with this provision if:
 - Local jurisdictions maintain local fiscal effort in support of early intervention under Part C of IDEA by budgeting at least the same amount of non-federal funds for SFY 2026 as was expended in SFY 2024. The LLA/PA Prohibition Against Supplanting Template will help an LLA demonstrate compliance with this requirement to be eligible for IDEA federal funding for this fiscal year's application.

The sources of funds for this calculation are local funds and "Other State" funds **from all partner agencies**. Expenditures paid with federal funds (including federal MA reimbursement funds) may not be included in this calculation. "Other State" funds do not include State General funds awarded through the CLIG Application process, whether received through direct grant to the LITP or payments by MDH of CLIG State General Funds that are deposited with MDH for approved MA claims but do include State funds assigned for LITP purposes by school systems, local departments of health and social services.
 - Federal and State funds budgeted do not supplant local funds used to support all positions and do not decrease local funding and staffing support for direct services.
 - All outstanding financial and program reports from the previous SFY are submitted, including Form 500, which documents non-federal expenditures for the previous grant year.

Appendices

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

Appendix A: CLIG Assurances

Appendix B: [Recipient Assurances](#) (State Assurances)

Appendix C: Federal Certifications Certificate signed by authorized representative

Appendix D: Screenshot of valid SAM.gov registration, showing UEI

Appendix E: [General Education Provisions Act \(GEPA\), Section 427 form](#)

Appendix F: Designation of LLA, if applicable

- The local governing authority of each jurisdiction shall appoint an agency to assume the responsibilities of the local lead agency ([COMAR 13A.13.02.08A](#)). The appointment may be a letter, executive order, proclamation, or other notification methods from the executive authority that designates the local lead agency.

Appendix G: 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.

Appendix H: Local Interagency Agreement that meets the provisions of this program

- See the [Local Interagency Agreement](#) section of the Grant Information Guide for guidance.

Appendix I: Assurance of Local Capacity

Appendix J: LICC Review Statement

Appendix K: LICC Membership Directory and Meeting Schedule

- The LICC is a community-based advisory group that serves as a forum for public input about federal, state, or local policies that support the timely delivery of appropriate early intervention services. The LICC is required to meet at least four (4) times during each SFY. Membership must include:
 - At least three (3) parents of children with developmental delays or disabilities;
 - Representatives from the local education agency, local health department, and local department of social services;
 - Public and private early intervention service providers;
 - A person involved in personnel preparation in the field of early intervention;
 - An elected official;
 - A Head Start representative; and

- A childcare representative.

Note: The LICC may wish to consider adding a foster care representative; a Medicaid representative; a mental health representative and a person working with children and families who are experiencing homelessness. Other interested persons may also be invited to participate as LICC members. Each LICC must meet at least 4 times/year. Please include a proposed schedule with the application.

Appendix L: LITP Policies and Procedures (please attach or provide link)

Appendix M: Linking Funds to Program Improvement Chart

Appendix N: SFY 2026 CLIG Budget Submissions Workbook: A complete package of the budget documentation generated by the SFY 2026 CLIG Budget Submissions Workbook, including all required signatures; see the Required CLIG Budget Documents section in the Budget Planning, Procedures, and Considerations section of the Grant Information Guide for guidance.

Appendix O: SFY 2026 State Systemic Improvement Plan Template, for designated LITPs

The Review Process

The review of proposals will be a four-part process:

1. Written applications will be pre-screened for submission requirements and inclusion of all required sections. Applications not meeting all pre-screening requirements are returned to the LLA point of contact for correction. MSDE, EI&SE Fiscal Liaison initiates communication with the LLA.
2. A review committee established by MSDE will evaluate applications. The review committee will use a review tool to review applications.
3. MSDE, EI&SE will provide feedback to the LLA with a due date for revision and/or edits of programmatic and/or fiscal content. Applicants may be scheduled for an oral program presentation or technical assistance conference as determined by the review committee.
4. Final approval of awards will be determined by the review committee. Applicants will be notified of the final decision.

REVIEW COMMITTEE

The committee will be composed of Fiscal and Programmatic representatives from MSDE, EI&SE and Liaisons inclusive of Family Support specialists. Final fiscal and programmatic approvals are conducted by the designated Branch Chiefs.

AWARD NOTIFICATION

Notification of a *substantially approvable grant application* will be sent to the LLA Head of Agency by email within 30 days of the deadline to submit proposals. Approved proposals may begin implementing the program as soon as the award notification letter is received. The Notice of Grant Award (NOGA) will be forthcoming within 3 weeks of the approval letter.

Reporting Requirements

Grantees must comply with the following reporting requirements:

Date	Reporting Requirements for Each Year
January 31, 2026	Semi-annual programmatic and fiscal reporting
June 15, 2026	SFY 2026 CLIG State General Funds Funding Adjustment Certification and Agreement Form
November 1, 2026	Final programmatic, LICC, and fiscal year reporting
November 15, 2025/2026	Data collection
November 30, 2026	Final cumulative and financial reporting

Notes: Final invoices must be submitted no later than 60 days after the grant period ends.

Fiscal reporting must include only support for IFSP-related activities, except expenditures of the Part B Section 619 allocation for Preschool Partners, to support transitions to and from a preschool IEP.

Unless otherwise indicated, all submissions must be legible, in PDF format, and uploaded to the MSDE Secure Web Client in accordance with the [MSDE MOVEit Secure File Transfer Website Access and Submission Procedures](#).

Timely, complete, and accurate submission of program, financial, data, and LICC (Local Interagency Coordinating Council) reports is required as a condition of the Consolidated Local Implementation Grant Award. A timeline is provided below. Please refer to the [Maryland Infants & Toddlers Program \(MITP\) Grants Submissions Timeline](#) for a calendar listing of required submissions.

SEMI-ANNUAL PROGRAMMATIC AND FISCAL REPORTING

Local Lead Agencies must complete the Semi-Annual Report and the Interim Cumulative Variance Report worksheet tabs located in the SFY 2026 CLIG Reporting & Supplemental Forms Workbook no later than January 31, 2026.

Programmatic Reporting

Using the Semi-Annual Program Report tab of the workbook, LLAs must submit the semi-annual programmatic report by January 31, 2026. This report should include:

- A data analysis of the time period of July 1 - December 31, 2025 that includes:
 - The number of children evaluated;
 - The number of children determined to be infants and toddlers with developmental delays and/or disabilities; and

- The number of children receiving IFSP services after age 3.
- A description of the progress on the Improvement Plans for each performance indicator assigned in the previous Annual Report Card, including the status of infrastructure and personnel development strategies and activities as identified in the plan.
- A description of the progress on the correction of noncompliance for each incidence of noncompliance identified in the previous local Annual Report Cards, including the status of infrastructure and personnel development strategies and activities supporting the correction of noncompliance.
- A description of current successes in infrastructure development and personnel development that support progress in the delivery of early intervention services to infants and toddlers with developmental delays and disabilities and their families.
- A description of current challenges in infrastructure development and personnel development that impede progress in the delivery of early intervention services to infants and toddlers with developmental delays and disabilities and their families.
- A description of technical assistance requests associated with reported challenges.
- If applicable, SSIP Grant reporting in table format which includes infrastructure and personnel development strategies to achieve the goal, progress/evaluation, and pace of progress.

Fiscal Reporting

Local Lead Agencies must submit the Interim Cumulative Variance Report form for each grant line on each Notice of Grant Award. Extended prior year grant lines require a second Interim Cumulative Variance Report by this same date. Refer to the [MSDE Financial Reporting Manual, Revised 2014](#) for detailed financial reporting procedures.

These reports must be completed and signed by the LLA Finance Officer and Director. The purpose of this report is to:

- Report the budget amount that has been expended from the beginning of the grant through December 31, 2025; and
- Verify that spending is consistent with budget projections.

Note: A single Interim Cumulative Variance Report of CLIG State General funds must account for the entire allocation of State General funds, whether delivered via grant or via Maryland Department of Health payments of Intergovernmental Transfer State General funds.

DATA COLLECTION

Federal Part C Reporting

The data collection date for federal reporting is October 1st in each year. By November 15, Local Lead Agencies are expected to have entered all data generated up to and including October 1st, run audit reports, and fill in missing data. Shortly after that date, MSDE, EI&SE will extract data from the data system to complete federal reports. Part of the federal reporting requirement mandates the submission of timely and accurate data. As a result, it is extremely important that the LITPs enter all _____

available program data by the November 15 deadline. Note that the submission of timely and accurate data is one factor that impacts the annual determination of each Local Infants and Toddlers Program

Early Intervention Personnel Count

An annual interagency count of early intervention personnel employed in full-time equivalents is due annually. Forms and further instructions will be distributed to local lead agencies prior to the submission date. The annual count must be submitted electronically to the Data Specialist at: daniel.szczepaniak@maryland.gov.

FINAL REPORTING

For final programmatic and fiscal reporting, local lead agencies must complete the *Final Program Report* and the *Final Cumulative Variance Report* worksheet tabs located in the SFY 2026 CLIG Reporting & Supplemental Forms Workbook.

Programmatic Reporting

Using the Final Program Report tab of the workbook, LLAs must submit a report of the activities of the Local Infants and Toddlers Program for the grant period no later than November 1, 2026, which includes the following:

- A description of the progress of the Improvement Plans and Corrective Action Plans for each indicator, including the status of infrastructure and personnel development strategies and activities that were identified in the plan.
- A summary of how the PA activities (whether a PA plan was required or not), including infrastructure and personnel development strategies, were implemented to support effective messaging, identification, and outreach to all population groups, geographic areas, and potential referral sources in the local jurisdiction. An analysis of data that demonstrates the effectiveness of public awareness and access efforts on the local early intervention system must be included.
- A summary of how the infrastructure development and personnel development strategies relevant to the COS process were implemented to support the fidelity of the process. An analysis of data that demonstrates the implementation of the COS process to fidelity, including the four Core Components (authentic assessment, age-anchoring, COS Rating Prep Tool, Decision Tree), must be included.
- A summary of how infrastructure development and personnel development strategies were implemented to support effective, functional routines-based IFSPs. An analysis of data, including data from the IFSP Review Evidence of Standard tool and/or the IFSP Process Performance Indicators to demonstrate the development and implementation of effective IFSPs must be included.
- A summary of how the CSPD Plan was implemented during the grant period to support an effective local early intervention system, including the implementation of the Early Intervention Personnel Standards, as well as how the CSPD Plan supported Improvement Plan/Corrective Action Plan activities. An analysis of data showing the effect of training efforts on the local early intervention system, including the implementation of the required EI Personnel Standards, must be

incorporated. For each training activity conducted, identify the topic, date, and number of participants from each category (parents, service providers, service coordinators, primary referral sources, and paraprofessionals). Also, include a summary of the evaluations completed by attendees. The CSPD Plan may be updated to include the required reporting information and submitted in lieu of developing a separate reporting format.

- A summary of how Family Support Services for Children Birth – Age 3 and Family Support Services for Children Age 3 - Kindergarten activities implemented during the grant period support an effective local early intervention system, including strategies to enhance the response rate and representativeness of the Early Intervention Family Survey. Jurisdictions should use local Family Support Services Semi-Annual Data from MSDE, EI&SE Family Support and Dispute Resolution Services as the foundation for this summary. This summary should also include agendas, event communications (i.e. flyers), sign-ins, newsletters, and invoices. Include a data analysis showing the effect of efforts on the local early intervention system. A detailed description of how Family Support Services for Children 3 - Kindergarten activities supported the transition of children and families from early intervention to preschool and from preschool to school-age programs must be incorporated. The summary should also include information regarding the quarterly meetings between the Family Support Coordinator and the local Director of the Infants and Toddlers Program.
- A summary of the implementation of the Extended IFSP Option including:
 - Provision of services/supports to preschool children and their families describing innovative service delivery models and age-appropriate service delivery environments (school/community);
 - Expansion of local infrastructure to support services to preschool children and their families; and
 - Facilitation of a seamless transition to preschool special education and/or community programs.
- An analysis of local data that demonstrates the provision of continuous service compared to the frequency on the IFSP for a sample of at least 5% of the children served or 25 children, whichever is smaller (Note: smaller jurisdictions should report on at least 5 children).
- For SSIP jurisdictions only: A discussion of the stage of implementation for each evidence-based practice - Routines-Based Interview, Pyramid Model and Reflective Coaching. A discussion, based on qualitative and quantitative data, about how you know that evidence-based practices are moving towards fidelity of implementation within the local early intervention system. A description of overall successes and challenges supporting the implementation of evidence-based practices with fidelity.

ANNUAL LICC REPORT

To facilitate compliance with federal requirements, the State Interagency Coordinating Council requests that each LICC submit an annual report of its activities during the grant period no later than November 1, 2026. Information from the LICC Annual Reports is included in the Annual Report of the

State Interagency Coordinating Council to the U.S. Department of Education and the Governor. The LICC Annual Report must include the following components:

- A summary of how the LICC has advised and assisted the local lead agency to develop and implement the local early intervention system during the grant period;
- Successful LICC efforts that may be helpful to other LICCs;
- Issues to be considered by the State Interagency Coordinating Council; and
- The dates that the meetings were held, at a minimum, on a quarterly basis. Copies of the LICC meeting minutes are not required and will not meet the requirements for the LICC Annual Report.

CUMULATIVE VARIANCE REPORTING

Complete the Final Cumulative Variance Report form for each line on each notice of grant award. Refer to the [MSDE Financial Reporting Manual, Revised 2015](#) for detailed financial reporting procedures. Reports are due no later than September 30, 2026 for grant lines ending June 30, 2026, and no later than November 30, 2026 for grant lines ending September 30, 2026.

These reports are to be completed and signed by the Finance Officer and Lead Agency Director. The purpose of these reports is to:

- Report the budget amount that has been expended for the entire grant period; and
- Verify that spending is consistent with budget projections.

Note: A single Final Cumulative Variance Report of CLIG State General Funds must account for the entire allocation of State General funds, whether delivered via grant or via Maryland Department of Health payments of Intergovernmental Transfer State General funds.

FINAL FINANCIAL REPORTS

Each LLA must submit a Final Financial Report (FFR) for each grant line. This report provides the final accounting of grant funds and authorizes final payments or the canceling of unexpended grant funds. Do not include State General funds received via the Maryland Department of Health payments of Intergovernmental Transfer State General funds in this report. Please note that final grant payments are not issued until the FFR is submitted. For grants ending June 30, 2026, the FFR is due no later than September 30, 2026; for grants ending September 30, 2026, the FFR is due no later than November 30, 2026. LEA Lead Agencies file the FFR using the MSDE Annual Finance Report (AFR) System. Non-LEA Lead Agencies file the Non-LSS Final Financial Report Form (from the SFY 2026 CLIG Reporting & Supplemental Forms Workbook).

MITP FORM 400 AND FORM 500

The LLA must aggregate information from the partner agencies to complete Forms 400 and 500 with consolidated expenditures for the period July 1, 2025 through June 30, 2026. Form 400 presents the fiscal year consolidated partner agency expenditures of CLIG funding and Form 500 presents the fiscal year consolidated partner agency expenditures of non-CLIG funding by administrative and direct services costs for the fiscal year. The Lead Agency must submit these reports no later than November 1, 2026.

Form 400 – Since the grant period of the CLIG federal funds grants extends at least three months (longer, if extended) beyond the fiscal year, Form 400 enables LA/PA to document the expenditure for a

single fiscal year from two grant years of each of the CLIG's federal funding sources. Reporting of State General Funds must include the entire annual allocation of State General Funds received as a grant and received through the IGT. Refer to the [MSDE Financial Reporting Manual, Revised 2014](#) for detailed financial reporting procedures.

Form 500 – The information collected for this report is used to document compliance with the federal Prohibition Against Supplanting regulation and the level of expenditures from local sources for legislative reports. Include LITP expenditures of the following funding sources:

- **Federal Medical Assistance for Service Coordination:** Federal Medicaid funds received by the LITP as reimbursement for the provision of service coordination;
- **Federal Medical Assistance for Health-Related Services/Transportation:** Federal Medicaid funds received by the LITP as reimbursement for the provision of health-related services and transportation;
- **Local Government:** Funds appropriated by the local governing authority for the local school system, local Health Department, local Department of Social Services, and any other local government agency;
- **Other State:** Funds generated by the State and distributed to the local school system, local Health Department, local Department of Social Services other than the annual allocation of State General Funds received as a grant or through the IGT. Examples include Developmental Disabilities Administration funds, Family Support Center funds, and Healthy Families funds;
- **Other Federal:** Funds from federal sources other than Medical Assistance and other than IDEA Part C, Part B 611, and Part B 619 funds allocated through the CLIG;

(Examples include IDEA Part B 611 and Part B 619 Preschool grant funds allocated through the Local Application for Federal funds, children's Medical Services/Title V funds, Early Head Start funds, Impact Aid funds, Women, Infants, and Children (WIC) funds, and Temporary Assistance to Needy Families (TANF) funds; and

- **Private:** Funds from United Way, philanthropic foundations, or donations from businesses, civic organizations, or individuals.

Cost Definitions

- **Administrative:** Include the salaries and fringe benefits of administrative personnel, contracted services, costs for office supplies and material, office equipment, training, and other charges not related to direct services.
- **Direct Service:** Include the salaries and fringe benefits of direct service providers, contracted services, costs for supplies and materials related to evaluation and assessment and service delivery, assistive technology devices and other equipment, and other charges related to the provision of services to children and families including service coordination and the taking of referrals.

Payment Procedures

- Upon approval of the CLIG application, Notice of Grant Award (NOGA) documents will be issued, as required, for the various CLIG funding sources.
- **If Payment Schedule Code "0" is indicated on the Notice of Grant Award (NOGA)** - Payments will be based upon actual expenditures as reported through the submission of an invoice directly to the assigned MSDE, EI&SE Fiscal Grant Liaison. Unless monthly invoices are submitted, quarterly invoices for periods ending September 30, December 31, March 31, and June 30 are due on October 31, January 31, April 30, and July 31, respectively. Invoices must be submitted using the form provided in the [SFY 2025 CLIG Reporting & Supplemental Forms Workbook](#).

If Payment Schedule Code "1" is indicated on the NOGA - Payments will be made on a monthly basis and based upon actual monthly expenditures as reported by the LSS/PA to the MSDE Accounts Payable Department. **Only grantees with access to the AFR System are eligible for Payment Schedule Code 1.** Maintenance of Payment Schedule Code "1" is dependent upon prompt submission of progress and financial reports.

Under both payment schedule codes, payments may be impacted by omissions and/or the late submission of progress and financial reports.

A portion of the LITP allocation of CLIG State General funds will be transferred by the Intergovernmental Transfer (IGT) to MDH to be included in payments for approved MA claims. This portion is based on an estimate of the funds needed to provide the non-federal match for the MA claims submitted by the LITP. MDH will issue payments for approved claims that will consist of the transferred CLIG State General funds and the federal MA funds. The remaining portion of the LITP CLIG State General funds allocation will be released to the LITP as a grant concurrently with the issuance of the other CLIG funding grants.

The Notice of Grant Award for the CLIG State General funds will present the estimated amount of the CLIG-awarded State General funds that will be awarded as a State grant and the estimated amount of CLIG-awarded State General funds that will be received through payments from MDH. After the end of the fiscal year, the initial estimate of CLIG State General funds needed by the LITP for MA billing will be reconciled with the actual amount of State General funds paid by MDH to the LITP. The amount of the existing CLIG State General funds grant will be adjusted as needed so that the total amount of CLIG State General funds received by the LITP equals its allocation. The adjusted figures must be used for final reporting requirements and payment requests. Accounting procedures must be designed to separately track the CLIG State General funds received through the grant and from MDH in order to facilitate adjustments after the reconciliation and to account for the entire CLIG State General funds allocation.

- It is possible that an LITP will submit claims to MDH that will result in MDH payments of CLIG State General funds that, combined with payments of charges to its CLIG State General funds grant, will exceed the LITP allocation. If this occurs, the LITP may retain the associated federal Medicaid payment as long as it repays the excess CLIG State funds to MSDE prior to the end of the fiscal year. **The repayment of these funds after the fiscal year will result in the disqualification of the claims that resulted in the excess payment of CLIG State General funds and the federal MA Reimbursement funds that resulted from those claims will be recovered.** To ensure that each

LITP will be able to maximize federal Medicaid receipts and not end the fiscal year having received more CLIG State General Funds than it was allocated, the following procedures have been implemented and apply to the current CLIG State General funds:

- MSDE, EI&SE will analyze MDH payments of CLIG State General Funds and payments for charges to CLIG State General Funds grants received by the LITP through April 30, 2025 to estimate the amount by which each LITP, by the end of the fiscal year, will receive CLIG State Funds in excess of the LITP allocation. No later than **May 15, 2025**, MSDE, EI&SE will notify each LITP of the determination and the estimated amount of a required funding adjustment, if any, that will be required to offset the excess receipts.
- Each LITP must complete its own analysis of the amounts of received CLIG State General Funds and **unpaid claims that have been or will be submitted to MDH** to determine if it agrees with the MSDE, EI&SE estimate of the funding adjustment to offset funds received in excess of the LITP allocation, if any, or if the estimate requires revision.
- **By no later than June 15, 2025**, MSDE, EI&SE must receive from each LITP a check for the amount of the LITP certified funding adjustment, if applicable.
- MSDE, EI&SE will conduct the annual reconciliation of the estimated IGT and actual IGT payments to each LITP, based upon the official MDH reporting, after July grant payments, in early August. NOGAs (Notice of Grant Award) for amendments to grant amounts, as applicable, will be issued no later than August 31, 2025.
- Please note the following deadlines for submitting payment requests for State General Funds awarded on the State grant:
 - Final Request for State General funds PRIOR to the Reconciliation: **July 10, 2025**.
 - Final Request for State General funds AFTER the Reconciliation: **September 10, 2025**.

Grant Application Timeline

This funding opportunity, including all attachments and updates, can be downloaded from the [MSDE Office of Grants Administration and Compliance website](#) and the IDEA Part C, Consolidated Local Implementation Grant (CLIG) [webpage](#).

Date	Timeline Event
March 5, 2025	The Grant Information Guide and the application for participating are released.
March 5, 2025	MSDE will hold a virtual information session.
March 5 - May 15, 2025	MSDE, EI&SE programmatic and fiscal teams are available to provide targeted support to LLA planning and implementation
March 18 – May 13, 2025	MSDE will hold virtual office hours every two weeks.
May 15, 2025	The grant application period closes.
May 16, 2025	MSDE begins reviewing applications for completeness and minimum requirements.
May 16 – June 30, 2025	MSDE Review Committee will evaluate proposals, contacting applicants for additional information or revisions, as needed.
July 1, 2025	MSDE will notify applicants of the award status.
July 1, 2025	The grant period begins.
June 30, 2026 for State funding; September 30, 2026 for federal funding	The grant period ends.

Amendments

Forms for amendment requests can be found in the [SFY 2026 Reporting & Supplemental Forms Workbook](#).

An LLA is required to submit a Request for Budget Amendment (form C-1-25-B) for any changes to the original grant, including, but not limited to, programmatic changes and budgetary realignments of \$1,000 or 15% of the total object and/or total category of expenditures, whichever is greater (see [2 CFR §200.308](#) and Recipient Assurances (State Assurances) #8 and #9). Requests for budgetary realignment must also include a Grant Change Request (Form C-1-25-A) and an updated Grant Budget Form C-1-25. Requests to amend a grant may be submitted at any time during the fiscal year, but no later than 45 days before the grant period ends.

GRANT PERIOD EXTENSION REQUEST

An LLA may request to extend the grant period for unobligated funds on the CLIG lines that are funded under IDEA Part C, Part B Section 611 Passthrough, and Part B 619 Preschool Discretionary funds (unless otherwise indicated on the Notice of Grant Award). Modified reporting requirements for extended grant lines will be specified on the Extension Notice of Grant Award.

- SFY 2025: CLIG grant line funding extension requests are due no later than August 15, 2025.
- SFY 2026: CLIG grant line funding extension requests are due no later than August 15, 2026.

For each grant line funding extension request, the LLA must submit two forms:

- MSDE Grant Change Request (form C-1-25-B) Complete the line of Section A, "Changes to the Grant Period" to reflect the revised end date from September 30 to no later than the following June 30. Complete Section B with information relating to the programmatic explanation for the extension request; and
- Annual Financial Report, reporting expenditures through the original end date no later than November 30, 2025. A Local Education Agency (LEA) must enter the Annual Financial Report (AFR) in the MSDE AFR System and submit a printed copy of the AFR report for each grant line funding extension request. Non-LSSs must complete and submit the Non-LSS Annual Financial Report (This form can be found in the SFY 2026 Reporting & Supplemental Forms Workbook, entitled, "Non-LSS Final Financial Report."), checking the "Annual" box at the top of the report, as part of the grant line funding extension request.

Note: First-in/First-out liquidation is an expected practice for all subrecipients of federal IDEA grant funds.

Accountability

UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS

Beginning in SFY 2017, all MSDE, EI&SE subawards of federal funds must be used and accounted for consistent with all program requirements, State and federal statutes and regulations, grant conditions, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards ([2 CFR §200](#)).

SUBRECIPIENT MONITORING

In accordance with [§200.331](#), MSDE, EI&SE will monitor the activities of subrecipients of federal funds as necessary to ensure the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Monitoring activities may include providing training and technical assistance and on-site operations reviews. Monitoring activities must include:

- Review of required financial and programmatic reports;
- Follow-up to ensure timely and appropriate action on all deficiencies pertaining to the MSDE, EI&SE subaward detected through audits, onsite reviews, and other means; and
- Issuance of management decisions for audit findings pertaining to a MSDE, EI&SE subaward, as required by [2 CFR §200.521](#).

Non-Discrimination Statement

The Maryland State Department of Education does not discriminate on the basis of age, ancestry/national origin, color, disability, gender identity/expression, marital status, race, religion, sex, or sexual orientation in matters affecting employment or in providing access to programs and activities and provides equal access to the Boy Scouts and other designated youth groups. For inquiries related to Department policy, please contact:

Equity Assurance and Compliance Office
Office of the Deputy State Superintendent for Finance and Operations

Maryland State Department of Education
200 W. Baltimore Street - 2nd Floor
Baltimore, Maryland 21201-2595

410-767-0123 - voice

410-767-0431 - fax

Deaf and hard of hearing use Relay.

The General Education Provisions Act (GEPA) Sect 427

Each application must develop and describe the steps the applicant proposes to take to ensure equitable access to, and equitable participation in, the project or activity to be conducted with such assistance, by addressing the special needs of students, teachers, and other program beneficiaries to overcome barriers to equitable participation.

Virtual Office Hours

MSDE, EI&SE will hold virtual office hours for interested applicants. A link to the virtual meeting will be sent out the week prior to the date to all LEAs. During these sessions, MSDE EI&SE personnel will provide technical assistance and guidance specific to grant development and submission processes. The sessions will be on:

Tuesday, March 18, 2025

1 p.m. – 2 p.m.

Tuesday, April 1, 2025

1 p.m. – 2 p.m.

Tuesday, April 15, 2025

1 p.m. – 2 p.m.

Tuesday, April 29, 2025

1 p.m. – 2 p.m.

Tuesday, May 13, 2025

1 p.m. – 2 p.m.

MSDE staff will also be available to provide technical assistance throughout the grant application process. On-site and/or virtual technical assistance is available upon request. If you have questions about the application or the process, please contact:

Region #1: Marny Helfrich, marny.helfrich@maryland.gov

Nancy Vorobey, nancy.vorobey@maryland.gov

Region #2: Marny Helfrich, marny.helfrich@maryland.gov

Nancy Vorobey, nancy.vorobey@maryland.gov

Region #3: Marny Helfrich, marny.helfrich@maryland.gov

Yana Demireva, yana.demireva2@maryland.gov

Region #4: Mary Weston, mary.weston@maryland.gov

Yana Demireva, yana.demireva2@maryland.gov (Interim)

Region #5: Mary Weston, mary.weston@maryland.gov

Nancy Vorobey, nancy.vorobey@maryland.gov (Interim)

This funding opportunity, including all attachments and updates, can be downloaded from the [MSDE Office of Grants Administration and Compliance website](#).

Attachment

IDEA Part C, Consolidated Local Implementation Grant (CLIG) Application for Funding

Acronyms

AFR – Annual Financial Report

CAP - Corrective Action Plans

CLIG – Consolidated Local Implementation Grant

COMAR - Code of Maryland Regulations

COS - Child Outcomes Summary

DIE/SES – Division of Early Intervention and Special Education Services

EBPs - Evidence-Based Practices

EI – Early Intervention

IDEA - Individuals with Disabilities Education Act

IFSP – Individual Family Service Plan

IGT - Intergovernmental Transfer

IP - Improvement Plan

LHD – Local Health Department

LLA – Local Lead Agency

MA - Medicaid Program

MITP - Maryland Infants and Toddlers Program

MOIFSP - Maryland Online Individualized Family Service Plan

MSB - Maryland School for the Blind

MSD - Maryland School for the Deaf

MSDE - Maryland State Department of Education

OSEP - Office of Special Education Programs

PLO – Professional Learning Opportunity

SICC - State Interagency Coordinating Council

SPP / APR - State Performance Plans and Annual Performance Reports

SSIP - State Systemic Improvement Plan