

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

Deadline  
July 21, 2025  
No later than 5:00 p.m. EDT

APPLICATION FOR PARTICIPATION

**MSDE Home Visiting - Healthy Families – FY 26**

MARYLAND STATE DEPARTMENT OF EDUCATION

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State Superintendent of Schools

Dr. Tenette Smith  
Deputy State Superintendent  
Office of Teaching and Learning

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Assistant State Superintendent  
Division of Early Childhood

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# Instructions

1. Complete this application electronically by typing directly into the fillable fields and charts.
2. Do not alter or remove sections.
3. When finished, save the application document as a pdf to your computer and obtain appropriate signatures.
4. A signed electronic copy in PDF format must be emailed with the subject line “MSDE Home Visiting - Healthy Families Grant – FY 26 Submission”. The PDF, including all appendices, must be submitted by 5:00 p.m. **TBD**, via email to [decfss.msde@maryland.gov](mailto:decfss.msde@maryland.gov).

# Proposal Cover Page

**Local Management Board (LMB): Jurisdiction/County:**

**Contact Details:**

**Name of LMB Agency Director**:

**Phone: Email:**

**Name of Fiscal Officer:**

**Phone: Email:**

**Contracted Home Visiting Vendor:**

**Organization Name:**

**Name of Home Visiting Director/Manger:**

**Phone: Email:**

**Fiscal Year 2026 Funding Request:** **$**

**Fiscal Year 2025 Funding Amount (if applicable): $**

**The remaining balance at the end of fiscal year 2025 (if applicable): $**

**Other funding sources (check all that apply):**

**Federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**

**Governor’s Office for Children/Local Management Board**

**Local Government**

**Other (please specify)**

**Signature of Agency Head Date**

**Printed Name of Agency Head Title**

# Project Narrative

## PROJECT Abstract (1-PAGE LIMIT)

The project abstract should provide a concise introduction to the proposed Home Visiting Services program, highlighting its core components. This includes a description of the target populations to be served, the implementation model, key goals and the strategies to achieve them, as well as the roles of contracted agencies and other partners. Additionally, include an overview of grant oversight activities—such as program management, monitoring, and evaluation—to support and justify the planned use of funds for the grant year. The abstract should not exceed one page.

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# Extent of Need (1-Page Limit)

Describe how the proposed Home Visiting Services program aligns with the county’s priorities and strategies for addressing the identified needs of children and families, as outlined in your current 5-year strategic plan. The narrative should include how the program will support improved maternal and child health, prevention of child injuries, child abuse or maltreatment, and reduction of emergency department visits; improvements in school readiness and achievement; reduction in crime or domestic violence; improvements in family economic self-sufficiency; improvements in the coordination of and referrals to other community resources and supports; and improvement in parenting skills related to child development. This section should clearly demonstrate how the program complements the county’s broader vision for the well-being of children and families. Limit this section to one page.

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# Goals, Measurable Outcomes & Milestones

Identify the program goals, outcomes, and milestones for each of the state-identified indicators under each area. For a list of all indicators within each result area, visit the [Maryland Governor’s Office Results and Indicators](https://goccp.maryland.gov/wp-content/uploads/Results-and-Indicators-v5_Sep-2023.pdf) (published in September 2023).

**RESULT AREA: BABIES BEING BORN HEALTHY**

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| INFANT MORTALITY  State Indicator: Infant Mortality: Rate of deaths occurring to infants under 1 year of age  State Performance Measure: Deaths occurring to infants <1 year of age will be below 5% |
| Program Goal (s): |
| Measurable Outcome(s): |
| Milestone(s): |
| Activities: |
| Local Performance Measures |
| LOW BIRTH WEIGHT  State Indicator: Infant Mortality: The percentage of babies born at low birth weight, weighing less than 2500 grams (5.5 pounds)  State Performance Measure: 90% of families who enroll during 1st or 2nd trimester will have a child weighing ≥ 2500 grams |
| Program Goal (s): |
| Measurable Outcome(s): |
| Milestone(s): |
| Activities: |
| Local Performance Measures |

**RESULT AREA: HEALTHY CHILDREN**

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| IMMUNIZATION  State Indicator: The percentage of children fully immunized by age two  State Performance Measure: 90% of target children will be current with immunizations through age two |
| Program Goal (s): |
| Measurable Outcome(s): |
| Milestone(s): |
| Activities: |
| Local Performance Measures |

**RESULT AREA: SCHOOL READINESS**

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| LANGUAGE & EARLY LITERACY  State Indicator: The percentage of enrolled families who read, tell stories to, or sing with their child/ren daily  State Performance Measure: 90% of enrolled families access information and activities designed to promote language developer and early literacy awareness/skills |
| Program Goal (s): |
| Measurable Outcome(s): |
| Milestone(s): |
| Activities: |
| Local Performance Measures |
| SOCIAL FOUNDATIONS  State Indicator: The percentage of enrolled families who engage in positive parenting practices with their child/ren  State Performance Measure: 90% of enrolled families demonstrate an increase in positive parent-child practices and interactions |
| Program Goal (s): |
| Measurable Outcome(s): |
| Milestone(s): |
| Activities: |
| Local Performance Measures |
| EARLY IDENTIFICATION OF LEARNING CHALLENGES  State Indicator: % of children developing on target  State Performance Measure: 100% of target children will be screened for developmental delays semi-annually through age 2 and annually thereafter |
| Program Goal (s): |
| Measurable Outcome(s): |
| Milestone(s): |
| Activities: |
| Local Performance Measures |

**RESULT AREA: CHILDREN SAFE IN THEIR FAMILIES AND COMMUNITIES**

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| ABUSE & NEGLECT  State Indicator: The rate of investigations of child abuse or neglect ruled as indicated or unsubstantiated  State Performance Measure: % of families accessing information and activities designed to promote positive health and safety practices |
| Program Goal (s): |
| Measurable Outcome(s): |
| Milestone(s): |
| Activities: |
| Local Performance Measures |

*\*Add more rows if needed.*

# PLAN OF OPERATION

Name of Contracted Agency:

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Description of the Contracted Agency, including respective roles in the project, key strategies for successful implementation of the home visiting model, and commitment to the project.

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Name of Home Visiting Model to be implemented:

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Is the Home Visiting Model: \_\_\_ Evidence-Based \_\_ Promising Practice

Describe what makes your program either an “evidence-based” program or a “promising practice” program

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Contracted Agency’s Accreditation / Certification Status:

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Identify community partnerships and describe their purpose in the home visiting program and the broader system of family and child support services. Share how services align with the statewide poverty reduction efforts and if any of the community partners are ENOUGH grant recipients.

| **Community Partnership** | **Contact Details** | **Purpose** | **ENOUGH Grant Recipient YES or NO** |
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*\*Add more rows if needed.*

# Management Plan & Key Personnel

List the key personnel who are responsible for the successful implementation of the home visiting program. Be sure to include those responsible for monitoring activities such as data reporting, desk audit, and/or onsite program visits conducted by other local or State agency funding sources, including the Governor’s Office for Children ([GOC](https://goc.maryland.gov/)), the Maryland Department of Health ([MDH](https://health.maryland.gov/Pages/Home.aspx)), and the Maternal, Infant and Child Home Visiting ([MIECHV](https://mchb.hrsa.gov/programs-impact/programs/home-visiting/maternal-infant-early-childhood-home-visiting-miechv-program#:~:text=The%20Maternal%2C%20Infant%2C%20and%20Early,maternal%20and%20child%20health%20outcomes.)) program

| **Key Personnel, Title, Agency** | **Activities** | **Responsibilities** |
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\*Add more rows if necessary

**Timeline**

Provide a timeline of important events and key activities.

| **Key Activity** | **Person Responsible** | **Date** |
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*\*Add more rows if necessary*

# Evaluation And Evidence of Impact

Grantees are required to submit a final evaluation report that is consistent with the project’s goal and objective(s). Keep in mind that the final evaluation report will consider the entire project, beginning to end it should not be viewed as what is done after the project’s completion, but as an integral element in the project’s planning, design, and implementation. An effective ongoing plan evaluates milestones on a routine schedule and assists program leadership in making informed decisions to support continuous improvement. The annual evaluation report should discuss the evidence of impact as it relates specifically to the program citing both research and data that supports decision-making, as well as analysis of data accumulated during the grant year.

Applicants must provide the measures to be evaluated (including) measures that relate specifically to the following questions.

* How will you know that your home visiting program was successful?
* How will you ensure that reporting requirements are met?
* What data will be collected and how will it be used to assess the program’s impact on the target population?

| **Evaluation Measure** | **Goal** |
| --- | --- |
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*\*Add more rows if necessary*

# Budget and Budget Narrative (No Page Limit)

The project’s budget should detail all related project expenses in a separate itemized budget. It should demonstrate the extent to which the budget is reasonable and cost-effective. All costs described in the project narrative should appear in the budget narrative and must have a corresponding entry in the itemized budget for that year. Reviewers should be able to see a clear connection between the management plan and the budget line items.

## ITEMIZED BUDGET

| **Category / Program** | **Description** | **Total** |
| --- | --- | --- |
| Salaries & Wages |  |  |
| Contracted Services |  |  |
| Supplies & Materials |  |  |
| Other Charges |  |  |
| Indirect Costs |  |  |
| **TOTAL:** | |  |

**BUDGET NARRATIVE**  
Explain how the costs are necessary, reasonable, and cost-effective.

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# 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: Resumes & Job Descriptions of key personnel. A one-page resume for each person who plays a significant role in the project.

Appendix B: Job Descriptions of any new positions that are created for this project (if applicable).

Appendix C: Project Impact: One-page statement describing the impact of previously provided Home Visiting Services (previously funded service providers) or a one-page statement describing the community/jurisdiction needs assessment (new service providers)

Appendix D: Contracted Agency Service Plan

Appendix E: Accreditation or Certification Status

Appendix F: Signed MOU between the Local Management Board and Contracted Agency

Appendix G: [A signed (C-125 MSDE budget form](https://www.marylandpublicschools.org/about/Documents/Grants/GrantForms-12-10-2020.xls)

Appendix H: [A signed recipient assurances page](https://www.marylandpublicschools.org/about/Documents/Grants/GrantRecipientAssurances.pdf)

Appendix I: Letters of commitment from partner organizations (where applicable)

# Reporting Requirements

Grantees must comply with the following reporting requirements:

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| **Date** | **Reporting Requirements for Each Year** |
| Ongoing | Fiscal and program monitoring. |
| 15th of each month | Invoices are submitted monthly along with supporting documentation. |
| Ongoing | An interim progress report [(MSDE C-1-25C)](https://marylandpublicschools.org/about/Documents/Grants/Resources/C-1-25-C-Form.zip) must accompany every invoice submitted. |
| January 31, 2026 | Semi-Annual Programming Report |
| March-May 2026 | Programmatic and Fiscal Monitoring visit will be conducted. |
| August 2026 | Final Programming Report, Evaluation/Program Narrative and Fiscal Reports ([C-1-25-D](https://marylandpublicschools.org/about/Documents/OFPOS/GAC/GrantPrograms/FY23TeacherCollaborative/C-125-D-Form.xls))  (60 days after the grant end date) |

Notes: Any requests for amendments must be submitted at least 45 days before the grant period ends, and must be submitted using the C-125-B form found in the [Grant Budget Forms Workbook](https://marylandpublicschools.org/about/Pages/Grants/BudgetInfo.aspx) on the [MSDE grants webpage](https://marylandpublicschools.org/about/Pages/OFPOS/GAC/GrantPrograms/index.aspx). Final invoices must be submitted no later than 30 days after the grant period ends.

# MSDE Home Visiting - Healthy Families Scoring Rubric

| **Areas** | **Level 3 Exceeds Criteria** | **Level 2 Meets Criteria** | **Level 1 Does Not Meet Criteria** |
| --- | --- | --- | --- |
| **Program Abstract**  **(15 Points)** | The program abstract outlines a concise and comprehensive summary of the target population, goals, strategies, and partnerships.  In addition, the program abstract provides a summary of the connection to prior efforts and a strong commitment to achieving future goals. | The program abstract addresses the required components – population served, overview of goals and strategies, and the roles of partners. | The program abstract is missing or does not address the required components. |
| **Extent of Need**  **(15 Points)** | The extent of need details how the Home Visiting / Healthy Families program is an integral strategy in the Local Management Board’s 5-year strategic plan.  Current qualitative and quantitative data are cited to identify the local need. Data is derived from a variety of sources, including state and local data references. | The extent of need connects to the Local Management Board’s needs assessment and identifies a clear local need. Local data is provided specific to the population they intend to serve. | The extent of need is missing, does not adequately connect to the needs assessment, or does not identify a clear local need. No local data is provided. |
| **Goals, Outcomes, and Milestones**  **(15 Points)** | The goal(s) are measurable, clearly aligned to the Indicators of Child Well-Being, and ambitiously focused on effectuating change.  Realistic and attainable outcomes illustrate a distinguishable effort to significant progress.  Milestones for each intended outcome ensure continued monitoring for success and include response to meeting targets. | The goal(s) are measurable and aligned to the Indicators of Child Well-Being.  Outcomes are realistic and attainable.  Milestones are provided for measuring the progress of each intended outcome. | The goal(s) are not measurable and are not aligned to the Indicators of Child Well-Being.  Outcomes are not realistic or attainable.  Milestones are not provided or do not align to outcomes. |
| **Plan of Operation**  **(15 Points)** | The proposal provides a clear rationale for selecting the home visiting model and how it will help achieve the outcome of the Local Management Board.  The proposed home visiting program is an evidence-based or promising practice model.  The contracted agency is accredited or certified by the national office for the selected evidence-based model to ensure high-quality implementation.  The contracted agency’s service plan includes strategies for the successful implementation of the home visiting model. | The proposal provides a clear rationale for selecting a specific strategy and how it will help achieve the outcome of the Local Management Board.  Strategies, methods, procedures, and techniques are addressed for successful implementation of the home visiting model. | No rationale for selecting the specific home visiting model and how it will help achieve the outcome of the Local Management Board.  Some strategies, methods, procedures, and techniques are provided but do not address successful implementation of the home visiting model. |
| **Management Plan and Key Personnel**  **(15 Points)** | In addition to “meets criteria”, the management plan allows for frequent progress reviews. Personnel with appropriate authority are identified to oversee tasks and address issues proactively during the grant period.  All relevant personnel and responsibilities are listed indicating a comprehensive management plan throughout the grant period. | The management plan includes a detailed and time-specific plan for the successful implementation of the grant program.  Key personnel and responsibilities are identified. | The management plan does not include a detailed and time-specific plan for the successful implementation of the grant program. |
| **Evaluation and Evidence of Impact**  **(15 Points)** | The evaluation plan has clear questions, proposed data instruments, and analytic methods aligned with the goals and needs.  Evaluation questions are based on the goals and outcomes, provide guidance on the implementation, and can be evaluated.  Clear evaluation strategy | The evaluation plan measures the home visiting program’s success and is aligned with the goals and needs.  Clear data type(s) and collection method(s) are identified. | Limited or no examples of evaluation questions.  No evidence of an evaluation strategy  The data type and collection method are unclear. |
| **Budget and Budget Narrative**  **(10 Points)** | The budget includes sufficient resources for the successful implementation and execution of the home visiting program. There are no mathematical errors, and all expenses are cost-effective and appear necessary. | The budget is complete. The budget aligns with the proposal and is free of mathematical errors. Expenses are reasonable and allowable. | The budget does not align with the proposal, includes costs that are not reasonable or allowable, or has several mathematical errors. |