

GRANT RENEWAL APPLICATION

FY 2023 Maryland AWARE

Maryland State Department of Education

200 West Baltimore Street Baltimore, Maryland 21201

Deadline

January 30, 2023 No later than 5:00 pm EST

MARYLAND STATE DEPARTMENT OF **EDUCATION**

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Instructions

Complete this application electronically by typing directly into the fillable fields and charts. Do not alter or remove sections. When finished, save the application document as a pdf to your computer and obtain appropriate signatures. The completed application should be saved as a pdf and emailed to:

> Dr. Renee Neely Comprehensive Planning Specialist Division of Student Support, Academic Enrichment, and Educational Policy Maryland State Department of Education Renee.Neely@maryland.gov 410-767-0294 (office)

Proposal Cover Page (1 page)

Program name: Click here to enter text.				
Name of contact person: Click here to enter text	t. Title of contact person: Click here to enter text.			
Address: Click here to enter text.				
Phone number: Click here to enter text. Email address: Click here to enter text.				
Employer Identification Number (EIN): Unique Entity Identifier (UEI):				
Total amount awarded:				
Project statement describing the program (not to	o exceed 100 words):			
Type your response here.				
Superintendent Printed Name	Date			
Superintendent Signature	 Date			

Project Narrative

The purpose of the FY 2023 Maryland AWARE grant is to increase awareness of mental health issues among school-aged youth, to provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues, and to connect school-aged youth who may have behavioral health issues (including serious emotional disturbance - SED) or serious mental illness (SMI) and their families to needed services. The application for funding must include information about the services to be supported by funding as well as the outcomes expected.

Type your response here. Up to 5-page limit.

EXTENT OF NEED

Describe the conditions or needs to be addressed through the FY2023 Project AWARE grant program. Include a clearly defined problem supported by a needs assessment and supporting data. Describe how the grant funds will address the problem and show how those efforts are effective.

Type your response here.

GOALS AND MEASURABLE OUTCOMES

Indicate the performance goal(s) to which you will target the resources provided by this grant. Identify the measurable outcomes.

Example:

Goal #1: Click here to enter text.

Measurable Outcome: Click here to enter text.

Goal #2: Click here to enter text.

Measurable Outcome: Click here to enter text

PLAN OF OPERATION, KEY PERSONNEL, AND TIMELINE

Discuss the strategies and activities to be used to accomplish the outcomes. Strategies are broad approaches (methods, procedures, techniques) employed to accomplish outcomes. Include in this section a justification as to why the strategies were chosen and how they will help to achieve the outcomes. How will grant funds support these strategies and who will be served? In the application, list, in chronological order, all major management actions necessary to implement the project during the funding cycle. Indicate on the worksheet key personnel responsible for accomplishing each action and the estimated timeline for completion.

Type your response here.		

EVIDENCE OF IMPACT

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

Type your response here.		

EVALUATION AND DISSEMINATION PLAN

Grantees are required to submit an annual evaluation report and quarterly progress reports that are consistent with the project's goal and objective(s). Keep in mind that the final evaluation 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. Describe in detail what success will look like and the criteria that will be used to determine and measure success.

Type your response here.			

Budget and Budget Narrative

Please provide a detailed description of the requested funds that will be spent by using the categories listed below. Add more rows if needed. An MSDE Grant Budget C-125 form must also be completed, signed and submitted as an appendix.

1. Salaries & Wages (list each position separately)

Line item	Calculation	Requested	In-Kind	Total
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.		Click here to enter text.	Click here to enter text.	Click here to enter text.
	Total for salaries & wages:	Click here to enter text.	Click here to enter text.	Click here to enter text.

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

1	vne	vour	response	here
ı	ype	youi	response	Hele.

2. Contracted Services

Line item	Calculation	Requested	In-Kind	Total
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Total for contracted services:	Click here to enter text.	Click here to enter text.	Click here to enter text.

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

Type	your	response	here.

3.

Supplies & materials

Line item	Calculation	Requested	In-Kind	Total
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Total supplies & materials:	Click here to enter text.	Click here to enter text.	Click here to enter text.

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

Type your response here.

4. Other charges

Line item	Calculation	Requested	In-Kind	Total
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Total for other charges:	Click here to enter text.	Click here to enter text.	Click here to enter text.

Using the space below, explain how the costs for other charges above are necessary, reasonable, and costeffective.

Type your response here.	
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5. Equipment

Line item	Calculation	Requested	In-Kind	Total
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Total for equipment:	Click here to enter text.	Click here to enter text.	Click here to enter text.

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

Type response here.

6. Transfers (indirect costs)

Line item	Calculation	Requested	In-Kind	Total
Click here to enter text.				
Click here to enter text.				
Total for transfers:		Click here to enter text.	Click here to enter text.	Click here to enter text.

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

Type your response here.

Total amount requested: \$ Click here to enter text.

Attachments and Supporting Documentation

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

- A signed C-1-25 MSDE budget form
- A <u>signed recipient assurances page.</u>