



APPLICATION FOR PARTICIPATION

Next Generation Scholars Year 6 Continuation Grant

Maryland State Department of Education

200 West Baltimore Street
Baltimore, Maryland 21201

Deadline

September 30, 2022
No later than 5:00 p.m. EST

MARYLAND STATE DEPARTMENT OF EDUCATION

Mohammed Choudhury

State Superintendent of Schools
Secretary-Treasurer, Maryland State Board of
Education

Deann M. Collins, Ed D.

Deputy Superintendent, Teaching and
Learning

Larry Hogan

Governor

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Table of Contents

Proposal Cover Pages.....	3
Project Abstract.....	4
Project Narrative	5
Extent of Need	5
Goals and Measurable Objectives	5
Evidence of Impact	5
Plan of Operation.....	5
Evaluation	5
Management Plan and Key Personnel.....	6
Budget and Budget Narrative.....	7
1. Salaries & Wages (list each position separately)	7
2. Contracted Services.....	7
3. Supplies & materials.....	8
4. Other charges.....	8
5. Equipment.....	8
6. Transfers (indirect costs)	9
Appendix.....	10

Proposal Cover Pages

PROPOSAL FOR CONTINUATION OF THE NEXT GENERATION SCHOLARS OF MARYAND PROGRAM

Next Generation Scholars Program Cover Page				
1. TITLE OF PROJECT:				
2. GRANT APPLIED FOR: Next Generation Scholars of Maryland Program				
3. APPLICANT INFORMATION:				
a. Lead Agency:			b. Employer/Taxpayer Identification Number (EIN/TIN):	
c. Organizational DUNS:				
d. Type of Organization (choose one) <input type="checkbox"/> Non-profit Agency <input type="checkbox"/> College or University				
e. Name and contact information of person to be contacted on matters involving this application Prefix: First Name: Last Name: Title: Telephone Number: Fax Number: Email:				
f. Contact Address Street: City: State: Zip / Postal Code:				
g. Program Information List the schools that will be served by the proposed program.				
Local Education Agency	School Name	Service Locations		Proposed Number of Students served
		School	Community Site	
<i>Add more rows if necessary</i>				
h. Partnerships Please list partners who will provide services in partnership with the grantee. 1. 2. 3.				
i. Times of operation ii. School Year: <input type="checkbox"/> After School <input type="checkbox"/> Before School <input type="checkbox"/> Weekends Day(s) of the week (school year): <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday				

Summer: Day(s) of the week (school year): <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
k. List the locations where the program will operate. For each site, indicate whether it is a school building or a community location:		
Site/School Name	City	Zip Code
4. Per Student Expenditures:		
a. Total funding requested:		
b. Total number of students to be served:		
c. Cost per student =		
5. SIGNATURE		
----- Printed Name of Head of Grantee Agency	_____ Date	
----- Signature of Head of Grantee Agency	----- Date	

Project Abstract

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

Type response here.

Project Narrative

EXTENT OF NEED

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

Type response here.

GOALS AND MEASURABLE OBJECTIVES

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

High School Graduation Plan Goal:
Measurable Objective(s)

**Add more rows if necessary*

EVIDENCE OF IMPACT

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

Type response here.

PLAN OF OPERATION

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

Goal	Activities	Timeline	Data Collected

EVALUATION

Provide performance measures for each project goal.

Goal	Performance Measure(s)

MANAGEMENT PLAN AND KEY PERSONNEL

The management plan clearly defines the roles, responsibilities, tasks, and deadlines of key contributors to make sure your program is a success. Ensure that all administrative and key personnel responsible for the successful implementation and monitoring of the grant requirements are captured here.

Management Plan and Key Personnel

Action	Title/Partner Organization Responsible	Date(s)

**Add more rows if necessary*

Budget and Budget Narrative

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

1. Salaries & Wages (list each position separately)

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

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

Type response here.

2. Contracted Services

Line item	Calculation	Requested	In-Kind	Total
Total for contracted services:				

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

Type response here.

3. Supplies & materials

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

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

Type response here.

4. Other charges

Line item	Calculation	Requested	In-Kind	Total
Total for other charges:				

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

Type response here.

5. Equipment

Line item	Calculation	Requested	In-Kind	Total
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Total for equipment:				

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

Type response here.

6. Transfers (indirect costs)

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

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

Type response here.

Total amount requested:

Appendix

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

- Resumes of key personnel: A one-page resume for each person playing a key role in the project, only information relevant to the project should be included
- A [signed C-1-25 MSDE budget form](#)
- A [signed recipient assurances page](#)
- Evidence of nonprofit status [Exemption Requirements - 501\(c\)\(3\) Organizations](#)