



APPLICATION FOR PARTICIPATION

Elementary and Secondary Education Act (ESSA) Title I Part C, Migrant Education–FY2022-2024

Maryland State Department of Education

200 West Baltimore Street
Baltimore, Maryland 21201

Deadline

February 20, 2023
No later than 5:00 pm 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

Governor
Wes Moore

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Dr. Joan Mele-McCarthy

Rachel L. McCusker

Lori Morrow

Brigadier General Warner I. Sumpter (Ret.)

Holly C. Wilcox, Ph.D.

Merin Thomas (Student Member)

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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:

Shanna Edmond
 Education Program Supervisor & Interim State Coordinator for Migrant & Homeless Education
 Maryland State Department of Education
 410-767-0047
 shanna.edmond@maryland.gov

Proposal Cover Page (1 page)

Program name: Title I, Part C

Name of contact person: Click here to enter text. Title of contact person: Click here to enter text.

DUNS Number: Click here to enter text

Address: 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.

Name of Superintendent: Click here to enter text.

Superintendent phone number: Click here to enter text Superintendent Email address: Click here to enter text

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

Project statement describing the program (not to exceed 100 words):

Type response here.

The LEA attests that this application is developed in alignment with the requirements of the Educational Equity regulation (COMAR 13A.01.06). In the development of the LEA’s Title I, Part C application, the LEA has applied an equity lens demonstrating that for any program, practice, decision, or action, the impact on all students is addressed, with strategic focus on marginalized student groups. The LEA ensures the Title I, Part C application adheres to COMAR 13A.01.06, Educational Equity

Superintendent or Head of Agency Printed Name

Date

Superintendent or Head of Agency Signature

Date

Project Abstract (1 page)

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

Type response here.

Participant Information

Using the table below, please provide a list of all children enrolled in Title I, Part C programs in the geographic region following the performance period 9/1/21 to 8/30/22. Refer to the Grant Information Guide for further guidance.

Migrant Students	P0 - P2	P3 - P5	K - 5	6 - 8	9 - 12	OSY	Total
Served* Summer							
Reside Summer (unduplicated)							
Served* Regular							
Reside Regular (unduplicated)							

Race & Ethnicity	Regular	Summer	Total
American Indian/Alaska Native			
Asian			
Black/African American			
Hispanic			
Native Hawaiian/Pacific Islander			
White			
Two or More Races			

Project Narrative (25-page limit)

EXTENT OF NEED

Identify a clearly defined problem and discuss the impact of the proposed program. Refer to the Grant Information Guide for further guidance.

Type 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 LEA’s experience in terms of effective practices leading to the desired outcomes.

Type response here.

GOALS AND OUTCOMES

Communicate the goals and outcomes of the program. Refer to the Grant Information Guide for further guidance.

Data Reviewed	Identified Needs	Strategies	Activities

**Add more rows if necessary*

	Summer	Regular
Data Reviewed		
Identified Needs		

PLAN OF OPERATION

Please address all of the required elements of your Plan of Operations as explained in the Grant Information Guide.

Type response here.

EVALUATION AND DISSEMINATION

Please describe your evaluation plan that incorporates all required elements detailed in the Grant Information Guide as well as your plans to disseminate findings to relevant stakeholders.

Type response here.

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. Provide resume(s) as an appendix. Be sure to include the Steering Committee members. Refer to the Grant Information Guide for further guidance.

Person Responsible	Title, Organization	Responsibilities	Time devoted

**Add more rows if necessary*

Action Description	Beginning & End Dates	Person Responsible
Brief Description # 1	Date	Name or Position
Brief Description # 2	Date	Name or Position
Brief Description # 3	Date	Name or Position
MSDE Requirements		
Interim Progress Report (C-1-25 C)	March 31, 2023	Name or Position
Final Progress Report (C-1-25 D)	November 30, 2023	Name or Position
Annual Count Report	December 2022 January 2023	Name or Position
Consolidated State Report Data	January 2023	Name or Position
Three-Year End-of-Cycle Report	December 31, 2023	Name or Position

Annual Financial Report (AFR)	November 30, 2023	Name or Position
Annual on-site and/or desk monitoring	Spring/Summer 2023	Name or Position

**Add more rows if necessary*

Training Topic	Expected Outcomes	Methods/Audience	Training	Evaluation and Follow Up	Date/Logistics

**Add more rows if necessary*

Project Timeline

Complete either the Gantt chart or table below with the program timeline. Refer to the Grant Information Guide for guidance.

Management Activity	1	2	3	4	5	6	7	8	9	10	11	12
Click here to enter text.												
Click here to enter text.												
Click here to enter text.												
Implementation Activity	1	2	3	4	5	6	7	8	9	10	11	12
Click here to enter text.												
Click here to enter text.												
Click here to enter text.												
Evaluation Activity	1	2	3	4	5	6	7	8	9	10	11	12
Click here to enter text.												
Click here to enter text.												
Click here to enter text.												

**Add more rows if necessary*

Key Activities	Individual Responsible	Time Frame
Management Activity		
Implementation Activity		

Evaluation Activity		

**Add more rows if necessary*

Interagency/Program Coordination

Check those agencies/programs that have cooperative agreements and/or provide services to the MEP. Briefly, describe any special initiatives and attach all letters of agreement. Refer to the Grant Information Guide for further guidance.

√	Name of Agency/Program	Brief Description of Service
	Choptank Community Health Systems, Inc.	
	Three Lower Counties Community Health Services, Inc. (TLC)	
	Telamon	
	Local Health Department	
	Department of Social Services	
	County Public Library	
	Recreation and Parks	
	Adult Basic Education	
	LEA ESOL Program	
	LEA Special Education	
	LEA Counselors	

	LEA Educational Materials	
	Other	
	Other	
	Other	

**Add more rows if necessary*

Budget and Budget Narrative (no page limit)

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.

Using the space below, please also provide your budget narrative explaining how each budget line is reasonable, necessary, supplemental, allowable, allocatable, and cost-effective. Please refer to the Grant Information Guide for guidance.

Type response here.

Detailed Budget Description	Calculation	Title I, Part C requested amount	Other funds source and amount	Total
Total				

**Add more rows if necessary*

Using the table below, please provide any additional funding sources available to all programs and activities described in your application. Please refer to the Grant Information Guide for guidance.

Name the Funding Source	Description	Funding Allocation Amount

**Add more rows if necessary*

Appendix

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

- Works Cited: Use a standard format such as MLA or Chicago Manual of Style
- 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
- Job descriptions for any new positions that are created for this project
- A [signed C-1-25 MSDE budget form](#)
- A signed partnership agreement that meets the provisions of this program, and signed by all parties and partners
- A [signed recipient assurances page](#)