



APPLICATION FOR PARTICIPATION

Title I, Part D - Subpart 2

Prevention and Intervention Programs for Children and Youth Who Are Neglected, Delinquent or At-Risk

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

Justin Dayhoff

Assistant State Superintendent

Wes Moore

Governor

MARYLAND STATE BOARD OF EDUCATION

Clarence C. Crawford

President, Maryland State Board of
Education

Susan J. Getty, Ed.D. (Vice President)

Shawn D. Bartley, Esq.

Gail Bates

Chuen-Chin Bianca Chang

Charles R. Dashiell Jr., Esq.

Jean C. Halle

Vermelle Greene, Ph.D.

Dr. Joan Mele-McCarthy

Rachel L. McCusker

Lori Morrow

Brigadier General Warner I. Sumpter (Ret.)

Holly C. Wilcox, Ph.D.

Merin Thomas (Student Member)

Table of Contents

Proposal Cover Page (1 page)	3
Project Abstract (1 page)	4
Project Narrative (25-page limit).....	5
Extent of Need	5
Evidence of Impact	5
Goals, Measurable Outcomes, and Milestones	5
Plan of Operation.....	5
Evaluation and Dissemination	5
Management Plan and Key Personnel	6
Budget and Budget Narrative (no page limit)	6
Appendix	8

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
Title I Program Improvement and Family Support
Maryland State Department of Education
410-767-0047
Shanna.edmond@maryland.gov

Proposal Cover Page (1 page)

Program name: Title I, Part D – Subpart 1

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.

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

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

Type response here.

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.

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, MEASURABLE OUTCOMES, AND MILESTONES

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

Goal #1: Click here to enter text.

Measurable Outcome: Click here to enter text.

Milestone: Click here to enter text.

**Add more rows if necessary*

PLAN OF OPERATION

Please address all 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.

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*

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 D requested amount	Other funds source and amount	Total
Total				

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](#)
- MOUs/MOAs School Year 2022 – 2023
- Facility Profile 2022-2023
- Professional Development Plan School Year 2022-2023
- Monitoring Plan School Year 2022-2023
- Transition Plan Template 2022-2023