

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE)
STATE AIDED EDUCATIONAL INSTITUTION (SAI)
APPLICATION FOR QUALIFICATION
Augmentation Request

NAME OF INSTITUTION: _____

LOCATION OF INSTITUTION: _____

DIRECTOR: _____

TELEPHONE NO. _____

TITLE: _____

E-MAIL _____

CONTACT: _____

TELEPHONE NO. _____

TITLE: _____

FAX NO. _____

E-MAIL _____

Augmentation Request Amount \$ _____

RESPOND YES OR NO TO THE FOLLOWING:

- YES NO **The Institution is governed by an Independent Board.**
- YES NO **The Institution is a non-profit organization.**
- YES NO **The Institution has an annual independent audit. (Please attach a copy of the most recent audit. If the answer is NO, please attach copies of the most recent internally generated financial statements.)**
- YES NO **More than fifty percent (50%) of the Institution's operating budget is generated from sources other than State Grants.**
- YES NO **The Institution provides a direct service to Maryland School groups or provides a direct service to individuals with disabilities.**

If the answer is "yes" to ALL of the above statements, proceed to Part I of the application.

I. EDUCATIONAL PROGRAMMING

A. Describe the **mission** of the Institution:

B. Describe the **mission of the education enrichment program(s)** to be funded by SAI.

C. Please indicate the **learning level(s)** for this request:

_____ Early Childhood
(3-5 years of age)

_____ Elementary School
(1st -5th grades)

_____ Middle School
(6th -8th grades)

_____ High School Learning Years
(9th -12th grades)

_____ Other *(explain)

D. Describe the program’s **area(s) of educational focus**. (Indicate specific areas; e.g. science, mathematics, technology, reading and language arts, social sciences, fine arts, and/or career life skills development.)

E. Describe the institution’s **educational goals and objectives** that are aligned with the Voluntary State Curriculum (VSC) and/or Achievement Matters Most. What are the performance measures/indicators for each?

F. Identify the program's **Managing for Results** (MFR) outcomes that pertain to the educational program(s) for which funds are requested. These outcomes should align with the institution's goals and objectives (see item E).

G. Indicate the anticipated major accomplishments; including measurable improvements, Achieved and/or anticipated by this program for **each of the following fiscal years: FY 2008** (may not be complete), FY 2009, FY 2010, and FY 2011.

H. Describe **how** the program will operate and include **identification of any major services** to be provided that are not mentioned previously in this application. (Transportation is not covered in the SAI grant.)

II. PROGRAM SERVICE DELIVERY

A. Identify the population and numbers to be served by the Institution **with the State funds being requested. (Report MD students/clients only.)**

Performance/Output Measures (Numbers)	FY2010 Estimated	FY2011 Estimated	FY2012 Estimated	FY2013 Estimated	FY2014 Estimated
<u>Students (Pre K-12)</u>	_____	_____	_____	_____	_____
<u>Individuals w/Disabilities</u>	_____	_____	_____	_____	_____
<u>Teachers</u>	_____	_____	_____	_____	_____
<u>Chaperones/Adults</u>	_____	_____	_____	_____	_____
<u>Other*</u>	_____	_____	_____	_____	_____
<u>Total</u>	_____	_____	_____	_____	_____
<u>Title I Schools Served</u>	_____	_____	_____	_____	_____

*Explain “other”.

B. Identify the population and numbers served and to be served by the Institution that are NOT funded by SAI funds. **(Report MD students/clients only.)**

Performance/Output Measures (Numbers)	FY2007 Actual	FY2008 Estimated	FY2009 Estimated	FY2010 Estimated	FY2011 Estimated	FY2012 Estimated	FY2013 Estimated	FY2014 Estimated
<u>Students (Pre K-12)</u>	_____	_____	_____	_____	_____	_____	_____	_____
<u>Individuals w/Disabilities</u>	_____	_____	_____	_____	_____	_____	_____	_____
<u>Teachers</u>	_____	_____	_____	_____	_____	_____	_____	_____
<u>Chaperones/Adults</u>	_____	_____	_____	_____	_____	_____	_____	_____
<u>Other*</u>	_____	_____	_____	_____	_____	_____	_____	_____
<u>Total</u>	_____	_____	_____	_____	_____	_____	_____	_____
<u>Title I Schools Served</u>	_____	_____	_____	_____	_____	_____	_____	_____

*Explain

C. Please indicate the number of students/teachers/chaperones served in **each jurisdiction (FY07)** by the categories provided.

	Public Schools (includes charter schools)			Non-Public Schools (includes home schooling)			Totals
	Teachers	Students	Chaperones	Teachers	Students	Chaperones	
Allegany County	_____	_____	_____	_____	_____	_____	_____
Anne Arundel County	_____	_____	_____	_____	_____	_____	_____
Baltimore City	_____	_____	_____	_____	_____	_____	_____
Baltimore County	_____	_____	_____	_____	_____	_____	_____
Calvert County	_____	_____	_____	_____	_____	_____	_____
Caroline County	_____	_____	_____	_____	_____	_____	_____
Carroll County	_____	_____	_____	_____	_____	_____	_____
Cecil County	_____	_____	_____	_____	_____	_____	_____
Charles County	_____	_____	_____	_____	_____	_____	_____
Dorchester County	_____	_____	_____	_____	_____	_____	_____
Frederick County	_____	_____	_____	_____	_____	_____	_____
Garrett County	_____	_____	_____	_____	_____	_____	_____
Harford County	_____	_____	_____	_____	_____	_____	_____
Howard County	_____	_____	_____	_____	_____	_____	_____
Kent County	_____	_____	_____	_____	_____	_____	_____
Montgomery County	_____	_____	_____	_____	_____	_____	_____
Prince George's County	_____	_____	_____	_____	_____	_____	_____
Queen Anne's County	_____	_____	_____	_____	_____	_____	_____
Somerset County	_____	_____	_____	_____	_____	_____	_____
St. Mary's County	_____	_____	_____	_____	_____	_____	_____
Talbot County	_____	_____	_____	_____	_____	_____	_____
Washington County	_____	_____	_____	_____	_____	_____	_____
Wicomico County	_____	_____	_____	_____	_____	_____	_____
Worcester County	_____	_____	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____	_____	_____

III. BUDGET AND FINANCE

A. Identify the Institution's total budget for **Fiscal Year 07** and the sources of revenue, including percentages of total budget. (**Prior Year- FY 2007**)

Total Fiscal Year Capital Budget \$ _____
Total Fiscal Year Operating Budget \$ _____
Total Fiscal Year Budget \$ _____

<u>Amount</u>	<u>Source</u>	<u>% of Total Operating Budget</u>	<u>% of Total Capital Budget</u>
\$ _____	Income from Endowment	_____ %	_____ %
\$ _____	Federal Government	_____ %	_____ %
\$ _____	State Government (includes SAI)	_____ %	_____ %
\$ _____	_____ City	_____ %	_____ %
\$ _____	_____ County	_____ %	_____ %
\$ _____	_____ County	_____ %	_____ %
\$ _____	_____ County	_____ %	_____ %
\$ _____	Donations	_____ %	_____ %
\$ _____	Membership Fees	_____ %	_____ %
\$ _____	Non-Membership		
	Admission Fees	_____ %	_____ %
\$ _____	Other Operating Revenue	_____ %	_____ %

Total \$ _____ (equals Total Fiscal Budget above) 100% 100%

Identify the Non-Membership Admission Fee \$ _____

B. Identify the Institution's total budget for **Fiscal Year 08** and the sources of revenue, including the percentages of total budget. (**Current Year -FY 2008**) Figures should match Attachment A.

Total Fiscal Year Capital Budget \$ _____
Total Fiscal Year Operating Budget \$ _____
Total Fiscal Year Budget \$ _____

<u>Amount</u>	<u>Source</u>	<u>% of Total Operating Budget</u>	<u>% of Total Capital Budget</u>
\$ _____	Income from Endowment	_____ %	_____ %
\$ _____	Federal Government	_____ %	_____ %
\$ _____	State Government (includes SAI)	_____ %	_____ %
\$ _____	_____ City	_____ %	_____ %
\$ _____	_____ County	_____ %	_____ %
\$ _____	_____ County	_____ %	_____ %
\$ _____	_____ County	_____ %	_____ %
\$ _____	Donations	_____ %	_____ %
\$ _____	Membership Fees	_____ %	_____ %
\$ _____	Non-Membership		
	Admission Fees	_____ %	_____ %
\$ _____	Other Operating Revenue	_____ %	_____ %

Total \$ _____ (equals Total Fiscal Budget above) 100% 100%

Identify the Non-Membership Admission Fee \$ _____

C. Identify the Institutions total budget for **Fiscal Year 09** and the sources of revenue, including the percentages of total budget. (**Projected or Estimated for FY2009**) Figures should match Attachment B.

Total Fiscal Year Capital Budget \$ _____
Total Fiscal Year Operating Budget \$ _____
Total Fiscal Year Budget \$ _____

<u>Amount</u>	<u>Source</u>	<u>% of Total Operating Budget</u>	<u>% of Total Capital Budget</u>
\$ _____	Income from Endowment	_____ %	_____ %
\$ _____	Federal Government	_____ %	_____ %
\$ _____	State Government (includes SAI)	_____ %	_____ %
\$ _____	_____ City	_____ %	_____ %
\$ _____	_____ County	_____ %	_____ %
\$ _____	_____ County	_____ %	_____ %
\$ _____	_____ County	_____ %	_____ %
\$ _____	Donations	_____ %	_____ %
\$ _____	Membership Fees	_____ %	_____ %
\$ _____	Non-Membership		
	Admission Fees	_____ %	_____ %
\$ _____	Other Operating Revenue	_____ %	_____ %

Total \$ _____ (equals Total Fiscal Budget above) 100% 100%
 Identify the Non-Membership Admission Fee \$ _____

D. Identify the Institution's total budget for the **Fiscal Year 2010** and the sources of revenue, including percentages of total budget. (**Projected or Estimated for Year FY 2010**) Figures should match Attachment C.

Total Fiscal Year Capital Budget \$ _____
Total Fiscal Year Operating Budget \$ _____
Total Fiscal Year Budget \$ _____

<u>Amount</u>	<u>Source</u>	<u>% of Total Operating Budget</u>	<u>% of Total Capital Budget</u>
\$ _____	Income from Endowment	_____ %	_____ %
\$ _____	Federal Government	_____ %	_____ %
\$ _____	State Government (includes SAI)	_____ %	_____ %
\$ _____	_____ City	_____ %	_____ %
\$ _____	_____ County	_____ %	_____ %
\$ _____	_____ County	_____ %	_____ %
\$ _____	_____ County	_____ %	_____ %
\$ _____	Donations	_____ %	_____ %
\$ _____	Membership Fees	_____ %	_____ %
\$ _____	Non-Membership		
	Admission Fees	_____ %	_____ %
\$ _____	Other Operating Revenue	_____ %	_____ %

Total \$ _____ (equals Total Fiscal Budget above) 100% 100%
 Identify the Non-Membership Admission Fee \$ _____

E. Does the Institution have support from any of the following?
 Indicate **percent** of support (Based on **FY 2008**).

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Individuals	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Business/Industry	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Foundations	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	*Other	_____

Please explain and document any efforts indicated above.

*List items that deal with **other**.

F. Identify the City/Counties that have been approached for financial support that are not included in questions Section III A, B, C, and D.

<u>County/City</u>	<u>County</u>
_____	_____
_____	_____
_____	_____

Explain:

G. **Why** is the Program seeking state funding?

H. What will the **State realize** for the investment of the funds?
 (Include quantitative or measurable outcomes and the method used to measure them.)

I. If this program is **not** implemented, what will be the **impact** on the State?

J. In order for the application to be complete, the following attachments **must** be incorporated into this grant application:

- ◆ Attachment A: Current (FY 2008) Operating Budget
- ◆ Attachment B: Projected (FY 2009) Operating Budget
- ◆ Attachment C: Projected (FY 2010) Operating Budget (with column delineating SAI funds)
- ◆ Attachment D: State Funds Received in FY 2008 and FY 2009 Budgets
- ◆ Attachment E: List of names of members of the Board of Trustees and their representation/position (jurisdiction or whom they represent)
- ◆ Attachment F: Proof of status as a non-profit organization (501(c)(3) certification)
- ◆ Attachment G: Current Certificate of Liability Insurance Coverage
- ◆ Attachment H: **ONE**(1) copy of the most recent independent audit

K. Provide any **additional information** that you wish to have considered in the processing of this application for approval as a State Aided Educational Institution.

Director's Signature

Date

State Aided Educational Institutions (SAI) Program

***CURRENT OPERATING BUDGET**

FY 2008

Delineate the budget categories and show how SAI funds were allocated in the FY 2008 operating budget. Please total each line item and provide the Grand Total at the bottom. The Grand Total should match the operating budget figure in item III. B., page 6.

Categories of Expenditures	Institutional Funds	TOTAL by category
GRAND TOTALS in each column		

State Aided Educational Institutions (SAI) Program

***PROJECTED OPERATING BUDGET**

FY 2009

Delineate the budget categories and show how SAI funds will be allocated in the FY 2009 operating budget. Please total each line item and provide the Grand Total at the bottom. The Grand Total should match the operating budget figure in item III. C., page 7.

Categories of Expenditures	Institution Funds	SAI Grant Funds	TOTAL by Category
<p>GRAND TOTALS in each column</p>			

State Aided Educational Institutions (SAI) Program

***PROJECTED OPERATING BUDGET
FY 2010**

Delineate the budget categories and show how SAI funds will be allocated in the FY 2010 operating budget. Please total each line item and provide the Grand Total at the bottom. The Grand Total should match the operating budget figure in item III. D., page 7.

Categories of Expenditures	Institution	SAI Grant	TOTAL by category
<p>GRAND TOTALS</p>			

*The Projected Operating Budget consists of funds expected for FY 2009.

State Aided Educational Institutions (SAI) Program

STATE GRANTS RECEIVED IN FY 2008 AND FY 2009 BUDGETS

Please list all state grants received and the year received. Include funds received from MSDE as well as other state agencies.

Name/Title	Granting Agency	Amount	Grant Period
TOTAL			