

Maryland State Department of Education  
200 West Baltimore Street  
Baltimore, Maryland 21201

Deadline  
August 31, 2023  
No later than 5:00 p.m. EDT

Goodwill Excel Center

Adult High School Pilot Program Grant

**APPLICATION FOR PARTICIPATION**

**MARYLAND STATE DEPARTMENT OF EDUCATION**

**Mohammed Choudhury**State Superintendent of Schools   
Secretary-Treasurer, Maryland State Board of Education

**Deann Collins, Ed.D.**Deputy Superintendent of Teaching and Learning

**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.

Chuen-Chin Bianca Chang

Monica Goldson, Ed.D.

Nick Greer

Irma E. Johnson, Ph.D.

Joan Mele-McCarthy, D.A.

Rachel L. McCusker

Joshua L. Michael, Ph.D.

Samir Paul, Esq.

Brigadier General Warner I. Sumpter (Ret.)

Holly C. Wilcox, Ph.D.

Abisola Ayoola (Student Member)

Table of Contents

[Instructions 3](#_Toc140140233)

[Proposal Cover Page 4](#_Toc140140234)

[Project Narrative 5](#_Toc140140235)

[General Education Provisions Act (GEPA) 11](#_Toc140140236)

[Appendices 12](#_Toc140140237)

# Instructions

1. Complete this application electronically by typing directly into the fillable fields and charts.
2. Do not alter or remove sections.
3. When finished, save the application document as a pdf to your computer and obtain appropriate signatures.
4. The completed Application and all required documents should be saved as a pdf and emailed to Susan Spinnato, [susan.spinnato@maryland.gov](mailto:Susan.spinnato@maryland.gov).
5. The Fiscal Year 2024 Goodwill Excel Center Adult High School Pilot Program applications are due on August 31, 2023, by 5:00 p.m.

# Proposal Cover Page

Program Title:

Project/Program Director:

Director Phone:

Director email:

Institution/Agency Name:

Institution/Agency Address:

Financial Contact Name:

Financial Contact email:

Grants Contact Name:

Grants Contact email:

Federal Employer ID number:

Unique Entity Identifier (UEI) and Expiration Date:

Amount of the request for grant period (July 1, 2023 – June 30, 2024): $

Estimated Annual Cost of Program/Project and Type of Funds

Federal $

State/Local $

Other $

(Should agree with Proposed Budget)

Institution/Agency Head (Printed Name) Title

Signature of Institution/Agency Head Date

# Project Narrative

## Extent of Need - (20 points)

Describe the conditions or needs to be addressed through the Goodwill Excel Center Adult High School Pilot Program. Describe how the funds will address the problem and show how those efforts are effective.

|  |
| --- |
|  |

## Evidence of Impact - (15 points)

Describe how the activities being implemented are evidence-based. Describe the impact your proposed activities are likely to have on the target population.

|  |
| --- |
|  |

## GOALS, MEASURABLE OUTCOMES AND MILESTONES - (20 POINTS)

State the overall goal(s) of the Goodwill Excel Center Adult High School Pilot Program Grant. The goal(s) should address the main problem and the program requirements stated in HB 1381 (2017). For each goal statement, identify anticipated outcomes to be accomplished.

|  |
| --- |
| **Goal 1:** |
| **Outcome:** |
| **Milestone:** |

|  |
| --- |
| **Goal 2:** |
| **Outcome:** |
| **Milestone:** |

*Add more rows If necessary*

## Plan of Operation, Key Personnel and Timeline - (20 Points)

The Plan of Operation includes the strategies, activities, and timeline that will be implemented to achieve your goals, outcomes, and milestones. Use the table below to address the key components of the program implementation or expansion.

| **Goal** | **Strategies/Activities** | **Timeline** | **Responsible Person** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Add more rows, if necessary*

Identify key personnel responsible for the operations supported by this funding including names, titles, roles, and responsibilities relative to plan implementation.

| **Name** | **Title** | **Roles and Responsibilities** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Add more rows, if necessary*

## Evaluation - (15 Points)

The grantee is required to submit an annual evaluation report and quarterly progress reports that are consistent with the project’s goals and outcomes. Describe how the program will be evaluated and how results will be communicated to major stakeholders and individuals interested in the project.

|  |
| --- |
|  |

## BUDGET AND BUDGET NARRATIVE - (10 POINTS)

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](https://www.marylandpublicschools.org/about/Documents/Grants/GrantForms-12-10-2020.xls) form must also be completed, signed, and submitted as an appendix.

**1. Salaries and Wages (list each position separately)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total for Salaries and Wages: |  |  |  |

Using the space below, explain how the costs for salaries and 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 and Materials**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total for Supplies and Materials: |  |  |  |

Using the space below, explain how the costs for supplies and 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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | 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: |

# General Education Provisions Act (GEPA)

Explain the steps the applicant will take to ensure equitable access to and participation in the project as it is related to the six (6) types of barriers described in the [GEPA](https://oese.ed.gov/gepa/) (gender, race, national origin, color, disability, and age).

|  |
| --- |
|  |

# Appendices

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

Appendix A: A list of the current advisory board members

Appendix B: [A signed recipient assurances page](https://www.marylandpublicschools.org/about/Documents/Grants/GrantRecipientAssurances.pdf)

Appendix C: Taxpayer identification number and certification for ([W-9 Form](https://www.irs.gov/forms-pubs/about-form-w-9))

Appendix D: An excel version of the proposed and itemized budget using [C-1-25](https://www.marylandpublicschools.org/about/Documents/Grants/GrantForms-12-10-2020.xls) MSDE Budget Form