

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

Deadline  
April 30, 2024  
No later than 5:00 p.m. EDT

APPLICATION FOR PARTICIPATION

Prekindergarten Expansion Grant

MARYLAND STATE DEPARTMENT OF EDUCATION

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Interim State Superintendent of Schools

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Division of Early Childhood

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Table of Contents

[Instructions 3](#_Toc159401263)

[Proposal Cover Page 4](#_Toc159401264)

[Prekindergarten Slots Requested 5](#_Toc159401265)

[Application 7](#_Toc159401266)

[Budget 15](#_Toc159401267)

[Request for Payment Advance 18](#_Toc159401268)

[Prekindergarten Expansion Grant Rubric 20](#_Toc159401269)

[Appendices 26](#_Toc159401270)

# Instructions

Complete this application electronically by typing directly into the fillable fields and charts (the application must be typed). 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 an emailed to [prekexpansiongrant.msde@maryland.gov.](mailto:prekexpansiongrant.msde@maryland.gov.) with the subject “Pre-K Expansion Application Submission”.

Nykia Washington

Program Manager

Division of Early Childhood

Maryland State Department of Education

Phone: 410-767-0088

[prekexpansiongrant.msde@maryland.gov.](mailto:prekexpansiongrant.msde@maryland.gov.)

### Modified Short Form (Fast Track) Application

All new applicants must complete the application in its entirety. However, **applicants seeking renewal or expansion to an existing approved program may submit a modified short form application if the applicant’s site(s) has(have) a track record of success**. A track record of success means an applicant has maintained a lead teacher who meets the grant requirements; and met and/or maintained a minimum Maryland EXCELS Level 4 or above, in compliance with reporting requirements and fiscal guidelines.

If an applicant is eligible and desires to submit the modified, short form application, the applicant need only complete and submit those application elements below indicated by the following symbol: ****

Those application elements, listed below, that are required for a complete modified short form submission are:

* Maryland EXCELS and Accreditation
* Application Cover Page
* Goals and Outcomes
* Plan of Operations (**only required if different from the previous year**)
* Staffing, Management, and Key Personnel
* Budget and Budget Narrative

For modified short form applications, MSDE will review, evaluate, and issue application scores based only on the application sections identified above. The modified short form application requires a minimum score of 35 (Meet Criteria scores range from 4-7) in total – compared to the full application minimum of 70. MSDE will return an award determination within 30 days of submission for all modified short form applications.

# Proposal Cover Page

Program name: Click here to enter text. Federal ID number: Click here to enter text.

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

Address: Click here to enter text.

Click here to enter text.

County: Select One

Phone number: Click here to enter text.

Email address: Click here to enter text.

Program type: Choose an item.

License Number (if applicable): Click here to enter text.

Modified Short Form Application (Y/N): Choose an item.

Superintendent or Head of Agency (Printed Name Here) Date

Superintendent or Head of Agency (Signature Here) Date

Total amount requested: $ Click here to enter text.

Note: Applicants may request $13,000 per full-day prekindergarten slot, or up to $13,000 per full day slot for Ulysses Currie Head Start programs

Proposal Abstract (100 word limit). This should briefly describe the project’s outcome(s) and strategies (i.e., what the project will do and how it will do it.) Do not exceed 100-word limit.

Type response here.

# Prekindergarten Slots Requested

For Private Providers

Private providers must use the following chart to indicate the number of full-day prekindergarten slots being requested.

|  |  |  |
| --- | --- | --- |
| **Program Name** | **Number of full-day prekindergarten 3-year-old slots**  **2024-2025 school year** | **Number of full-day prekindergarten**  **4-year-old slots**  **2024-2025 school year** |
| ​​Click or tap here to enter text.​ | ​​Click or tap here to enter text.​ | ​​Click or tap here to enter text.​ |
| ​​Click or tap here to enter text.​ | ​​Click or tap here to enter text.​ | ​​Click or tap here to enter text.​ |
| ​​Click or tap here to enter text.​ | ​​Click or tap here to enter text.​ | ​​Click or tap here to enter text.​ |
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| ​​Click or tap here to enter text.​ | ​​Click or tap here to enter text.​ | ​​Click or tap here to enter text.​ |

**For Local Education Agencies**

Local Education Agencies (LEAs) that receive Blueprint funding and Prekindergarten Expansion Grants in FY25 will be expected to increase the number of three-year-old and four-year-old children served in a full-day prekindergarten program over what was reported on the September 30, 2023, enrollment. Use the chart below to indicate the anticipated number of slots.

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of prekindergarten slots reported on September 30, 2023, enrollment** | **Additional full-day prekindergarten 3-year-old slots being requested** | **Additional full-day prekindergarten 4-year-old slots being requested** | **Total number of full-day slots reported on September 30, 2024, enrollment (minimum)** |
| *County – 1,000 slots* | *150* | *150* | *1,300* |
| ​​Select your county​ | ​​Click or tap here to enter text.​ | ​​Click or tap here to enter text.​ | ​​Click or tap here to enter text.​ |

For a complete list of local education agency September 30, 2023 full-day three-year-old and four-year-old enrollment totals, click [here](https://acrobat.adobe.com/id/urn:aaid:sc:US:63fab3cb-9595-4c2f-843d-fa6d7af078ce).

The total number of slots requested represents the minimum number of full-day 3-year-olds and 4-year-olds to be served during the 2024-2025 school year. This figure must align with the number reported in the September 30, 2023, enrollment count.

**For Head Start Programs ONLY**

Head Start programs must use the following chart to record the number of full-day prekindergarten slots you are requesting and respond to the questions that follow.

|  |  |  |
| --- | --- | --- |
| **Program Name** | **Number of full-day prekindergarten 3-year-old slots** **2024-2025 school year** | **Number of full-day prekindergarten 4-year-old slots** **2024-2025 school year** |
|  |  |  |
|  |  |  |
|  |  |  |

For Head Start Programs ONLY

* How many federally funded slots are being supplemented with state funds? ​Click or tap here to enter text.​
* Of the total number of slots requested for the FY25 school year please identify an estimate of:
* Number of full-day three-year-old slots: ​Click or tap here to enter text.​
* Number of full-day four-year-old slots: ​Click or tap here to enter text.​
* What is the amount per slot that you are requesting? (Up to $13,003 per slot) Click or tap here to enter text.
* Briefly describe how the state supplemental funds awarded under the Prekindergarten Expansion Grant will be used. (i.e., half-day to full-day, professional development, additional quality enhancements, etc.) This will be addressed more fully in the proposed plan.

Type response here.

# Application

Applicants must complete the electronic application**. If completing the modified short form application, you can put an “N/A” in any non-required section. As a reminder, application elements with the following icon are required in the modified short form:  
 **

**Maryland EXCELS and accreditation (10 points) **

Maryland accreditation is a process in which licensed child care and early education programs commit to continuous quality improvement. Maryland accreditation is a part of the broader Maryland EXCELS system, in which programs earn quality ratings in targeted areas and commit to continuous quality improvement for the children they serve. Priority will be given to programs with a Maryland EXCELS rating of 5, which indicates the highest quality rated programs. Complete the table below to indicate your program’s accreditation status and published Maryland EXCELS rating:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School or private provider** | **Is your program accredited?** | **Accrediting agency** | **Accreditation expiration date** | **Published Maryland EXCELS rating** | **Valid through** |
| Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap to enter a date. |
| Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap to enter a date. |
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*\*Add more rows if necessary*

Use the space below to describe your Maryland EXCELS plan:

* For schools or sites with a Maryland EXCELS rating of 5, describe how the strategies and structures in place will allow you to maintain this rating.
* For schools or sites with a Maryland EXCELS rating of 4, describe how you will reach level 5 within 5 years.
* For schools or sites with an EXCELS rating of 3, describe how you will reach level 5 within five years.

|  |
| --- |
| Type response here. |

## Extent of Need (10 Points)

Using the previous/existing program evaluation or a needs assessment, describe how your program can use these funds to increase access to high-quality prekindergarten educational programming and school readiness services. Applicants should include the target audience and expected outcomes. New applicants are required to have completed a needs assessment that clearly identifies areas of growth or attention. For previous awardees, the existing program evaluation should be analyzed to address identified areas of growth and attention. For a quality response, at least one data source must be used for analysis.

Type response here.

## Evidence of Impact (10 points)

Applicants must describe how implementation of the proposal will lead to the desired goal(s). Include a description of the program’s experience in implementing an effective Pre-K program. Discuss how this experience relates to the proposed plan, and the impact your proposed activities are likely to have on the target population. Refer to the GIG for further information.

Type response here.

## Goals and OUTCOMES (10 points) Required Element

Applicants are required to identify clear goals and outcomes that their program will achieve. Goals communicate the final impact or outcome the program will bring about. Objectives set standards of progress towards meeting the overall goal(s) of the program. Complete the table below with your program’s goals and objectives that align with the Maryland Early Learning Standards in early language and literacy, the science of reading, early mathematics, and social foundations. Be sure to include a target population, a date, the criterion(a) for success, and how it will be measured. (At least one goal is required.) Refer to the Grant Information Guide for further guidance.

|  |
| --- |
| Goal No. 1: By Click or tap to enter a date., Click or tap here to enter text. |
| Outcome: Click or tap here to enter text. |
| Outcome: Click or tap here to enter text. |
| Outcome: Click or tap here to enter text. |

|  |
| --- |
| Goal No. 2: By Click or tap to enter a date., Click or tap here to enter text. |
| Outcome: Click or tap here to enter text. |
| Outcome: Click or tap here to enter text. |
| Outcome: Click or tap here to enter text. |

**Plan of operation/proposed plan (10 points) **

* Describe how the program will ensure that all eligible children are provided access to the program. How will economically disadvantaged children, children with an Individualized Education Plan (IEP) /Extended Individualized Family Service Plan (Ext IFSP), children who are from homes where English is not the primary spoken language, and children experiencing homelessness be recruited for the program?

|  |
| --- |
| Type response here. |

* Identify the evidence-based curriculum that will be used for all age groups. Describe how instructional staff will be supported to ensure fidelity of implementation.

Note*: Local school systems may cite their district-approved curriculum that aligns with the Maryland College and Career Ready Standards.*

|  |
| --- |
| Type response here. |

* Describe the professional learning (PL) activities that will be offered to instructional staff (teachers and assistant teachers). Professional learning activities must consist of 15 total hours and support school readiness, including alignment with the Maryland Early Learning Standards in early language and literacy, the science of reading, early mathematics, and social foundations.

|  |
| --- |
| Type response here. |

* Prekindergarten programs funded through this program are required to provide full-day instruction (at least 6.5 hours), 180 school days per year. Describe how the program will meet this requirement. Also, if necessary, provide the program schedule, including hours of instruction.

*Note: Tuition may not be charged for the 6.5-hour day; tuition may be charged only for additional wrap-around services when applicable.*

|  |
| --- |
| Type response here. |

* Describe how both screening and referral services covering at least vision, hearing, speech and language, health, and physical development will be provided.

|  |
| --- |
| Type response here. |

* Programs must offer, either directly or through coordination with local school systems or local departments of health and social services, additional support services for prekindergarten families. These services may include parenting support or training including those with languages other than English, physical and mental health and wellness services, and early intervention for children with disabilities and/or special health care needs. Be specific about who will provide these services, and how prekindergarten families will be given access to them.

|  |
| --- |
| Type response here. |

* Programs that implement a comprehensive family engagement plan and that incorporate educational activities beyond the classroom into the program will be prioritized. Describe the program’s family engagement strategies in accordance with the [Maryland Early Childhood Family Engagement Framework](https://earlychildhood.marylandpublicschools.org/system/files/filedepot/4/md_fam_engage.pdf).

|  |
| --- |
| Type response here. |

**Evaluation and dissemination (10 points)**

Applicants will be required to describe in detail what success will look like and the criteria that will be used to determine and measure success consistent with the program’s goals and objectives. Applicants must have a program evaluation in place to ensure continuous program improvement. Applicants must identify the data and instruments used to monitor the program's quality and how this information will be used to support continuous quality improvement. The plan must also include how parents will be informed about student progress and areas of concern.

|  |
| --- |
| Type response here. |

**STAFFING, Management plan and key personnel (10 points) **

Applicants should complete all site selection information and must list all administrative key personnel responsible for the successful implementation and monitoring of the grant requirements and provide resumes. Applicants must also complete the staffing qualification table so MSDE can ensure all staff meet qualification requirements (be prepared to include supporting documentation). Be sure to include the personnel responsible for instructional oversight (supporting the teachers) and a resume demonstrating that they are qualified to do so. Applicants are required to complete a management plan as part of the proposal. Provide resume(s) as an appendix. Refer to the Grant Information Guide for further guidance.

Note: A director teaching in a classroom full-time cannot serve as instructional oversight person

Note: Please do not include resumes for teachers

**Management Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel Name** | **Title** | **Responsibilities** | **Time devoted** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

*\*Add more rows if necessary*

**Staffing and site selection** – the remainder of the proposal is required for all applicants.

* Applicants must communicate the staffing of prekindergarten classrooms to ensure that classrooms are led by qualified teaching staff. By July 1, 2024, each classroom under this program must be staffed with a lead teacher that holds a bachelor's degree. Also, if the classroom has more than 10 children enrolled, an Assistant Teacher, who has a minimum of a high school diploma.

Teachers in Montessori programs may be certified by Association Montessori International (AMI), American Montessori Society (AMS), or Montessori Accreditation Council for Teacher Education.

Complete the table below.

| **Name of school or private provider** | **Address** | **Number of slots anticipated** | **Has a Lead Teacher been hired?** | **Lead Teacher salary or posted salary in job announcement** | **Has an Assistant Teacher been hired?** |
| --- | --- | --- | --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. |
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**Project timeline/implementation plan (10 points)**

Applicants must provide a timeline for all key activities using the chart provided below. The key activities should be aligned with the grant goals and objectives and proposed plan. The timeline should cover the entire grant year. Refer to the Grant Information Guide for guidance.

|  |  |  |
| --- | --- | --- |
| **Key Activities** | **Individual Responsible** | **Time Frame** |
| Management Activity |  |  |
|  |  |  |
| Implementation Activity |  |  |
|  |  |  |
| Evaluation Activity |  |  |
|  |  |  |

*\*Add more rows if necessary*

**Collaboration and sustainability (10 points)**

Applicants must have a long-term plan for sustainability and community and business partnerships. The plan may include matching funds to the extent possible. List any applicable collaborating partners and their respective roles in the successful outcome of this project (i.e., libraries, business partnerships, Department of Social Services, mental health care organizations, Judy Center Early Learning Hub, Early Childhood Advisory Council, etc.).

|  |  |  |
| --- | --- | --- |
| **Business / Agency Name** | **Do they provide matching funds?** | **Responsibilities** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

*\*Add more rows if necessary*

**Describe the plan for sustainability using the partnerships outlined above.**

|  |
| --- |
| Type response here. |

# Budget

**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. Calculations that justify the requested amount must be included. Add more rows if needed.

**Note: in-kind contributions are not required.**

An MSDE [Grant Budget C-1-25](https://www.marylandpublicschools.org/about/Documents/Grants/GrantForms-12-10-2020.xls) form must also be completed, signed and submitted as an appendix. Refer to Grant Information Guide for additional guidance.

**Salaries & Wages (list each position separately)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Total for salaries & wages: | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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

|  |
| --- |
| Type response here. |

**Contracted Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Total for contracted services: | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |
| --- |
| Type response here. |

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

**Supplies & materials.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Total supplies & materials: | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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

|  |
| --- |
| Type response here. |

**Other charges**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Total for other charges: | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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

|  |
| --- |
| Type response here. |

**Equipment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Total for equipment: | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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

|  |
| --- |
| Type response here. |

**Transfers (indirect costs)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Total for transfers: | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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: $ Click here to enter text.  **(In-Kind costs are not part of the total amount requested.)** |

# Request for Payment Advance

A 15% advancement of the grant award amount will be issued upon request and all supporting receipts will be required. Applicants who are approved for funding and meet all grant requirements are eligible to receive a 15% advance upon request. Applicants requesting an advance must complete the following Request for Payment Advance and submit it with the application. Advance requests received after the application has been submitted will not be considered.

Date of request: Click or tap to enter a date.

Program name: Click or tap here to enter text.

Funding Source: Special Fund, the Blueprint for Maryland’s Future

Submitted by: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

Tax ID: Click or tap here to enter text.

Address: Click or tap here to enter text. City/State/Zip: Click or tap here to enter text.

|  |  |
| --- | --- |
| **Budget Category** | **Amount requested** |
| Salaries & wages | $ Click or tap here to enter text. |
| Contracted services | $ Click or tap here to enter text. |
| Supplies & materials | $ Click or tap here to enter text. |
| Other charges | $ Click or tap here to enter text. |
| Equipment | $ Click or tap here to enter text. |
| Transfers | |  | | --- | | $ Click or tap here to enter text. | |
| Total requested: | $ Click or tap here to enter text. |
| Advance request amount (15% of total requested): | $ Click or tap here to enter text. |

The payment advance request should be no greater than 15% of the approved grant award.

An advancement of 15% of the grant award amount will be issued upon request and all supporting receipts will be required.

Payment advances are NOT automatic and must be requested as part of the application process.

Funds for payment advances are only available for disbursement if and when they are made available to MSDE by the funding agency; and will subsequently be disbursed only if your application is approved.

Payment advances may be billed once it is determined by the Grant Support Specialist that all grant requirements have been met and required documents received.

Payment advances must be limited to the minimum amounts needed and be timed to be in accordance with the actual, immediate cash requirements of the agency in carrying out the purpose of the approved program or project. The timing and amount of the advance payment must be as close as is administratively feasible to your actual disbursements for direct program or project costs and the proportionate share of any allowable indirect costs. Timely payment is required to contractors in accordance with the contract provisions. (see §200.305 (1)).

**CERTIFICATION OF PAYMENT ADVANCE**

By signing this request, I certify to the best of my knowledge and belief that:

* I have read the regulations pertaining to the use and handling of the funds that will be advanced to my agency for the sole purpose of funding the activities of the approved program or project.
* I understand that this advance will be recuperated from future invoice payments until the full amount of the advance has been offset by the reporting of allowable expenditures.
* I understand my agency’s responsibilities as outlined above.
* The information provided is true, complete, and accurate.
* I am aware that any false, fictitious, or fraudulent information or the omission of any material fact may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Printed name of recipient:

Signature of recipient:

Date:

|  |
| --- |
| **MSDE Use Only** |

|  |
| --- |
| Grant Manager Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Date  Fiscal Monitor Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Date |

# Prekindergarten Expansion Grant Rubric

| **Areas** | **Level 3**  **Exceeds Criteria** | **Level 2**  **Meets Criteria** | **Level 1**  **Does Not Meet Criteria** |
| --- | --- | --- | --- |
| **Maryland EXCELS and Accreditation (10 points)**  **Required Element** | The program is published at a level 5 and has provided the certificate and the current accreditation certificate.  Program describes strategies, and there are comprehensive processes in place to allow ratings to be maintained. The application table is completed as listed. | The program is published at a level 4 and has provided the certificate along with accreditation certificate (if applicable). The program describes how level 5 will be attained in 5 years and completes the table as listed.  OR  The program is published at a level 3 and has provided the certificate and is not yet accredited. The program describes how level 5 will be attained within 5 years and the table is completed. | Not Applicable |
| **Extend of Need**  **(10 points)** | A needs assessment or previous/existing program evaluation was conducted that identifies multiple related problems. Multiple data sources are used, including both quantitative and qualitative data. These data are presented and clearly identify areas of growth that connect to clear implementation strategies. | A needs assessment or previous/existing program evaluation was conducted, and the application addresses any identified area of growth or attention. However, only one data source is used for analysis. | No needs assessment or previous/existing program evaluation was done, or the applicant provides a problem, but the data presented does not align to the problem. |

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| **Evidence of Impact (10 points)** | The application describes how the proposed Prekindergarten program implementation will lead to the desired goal(s). The application includes a detailed description of the program’s experience in implementing an effective Pre-K program and the impact the proposed activities are likely to have on the target population(s). The application goes further, citing data and research specific to chosen curricula, interventions, and strategies to link planned programming to a likely impact on student success. | The application describes how the proposed Prekindergarten program implementation will lead to the desired goal(s). The application includes a description of the program’s experience in implementing an effective Pre-K program and the impact the proposed activities are likely to have on the target population(s). | The application partially describes how the proposed Prekindergarten program implementation will lead to the desired goal(s) and description of the program’s experience in implementing an effective Pre-K program. |
| **Goals and Outcomes**  **(10 points)**  **Required Element** | The application contains more than one goal and outcome that aligns with the Maryland Early Learning Standards. The goals are clear, and outcomes are specific, measurable, achievable, realistic, and timely (S.M.A.R.T.). | The application contains at least one goal that aligns with the Maryland Early Learning Standards. | The application’s goals and outcomes are not clearly identified, not measurable, and/or not aligned with the Maryland Early Learning Standards. |

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| **Plan of Operation (10 points)**  **Required Element** | The application is comprehensive and fully addresses each of the seven questions in describing how all proposed activities will lead to the successful implementation of full-day, high-quality Pre-K for all eligible students. | The application addresses each of the seven questions with some details for how each of the proposed activities will lead to the successful implementation of full-day, high-quality Pre-K for all eligible students. | The application partially describes how all proposed activities will lead to the successful implementation of full-day, high-quality Pre-K for all eligible students. |
| **Evaluation and Dissemination**  **(10 points)** | The application provides a distinct plan for program evaluation to ensure continuous improvement and inform future decisions.  This includes identifying the data and instruments, how the information will be used, and how families/parents/guardians will be informed of program and student(s) progress and areas of concern. The plan implements multiple data collection methods. | The application provides a plan for program evaluation to ensure continuous improvement and inform future decisions.  The plan includes some details of how success will be determined. The plan identifies data and instruments, how the information will be used, and how families/parents/ guardians will be informed of student(s) progress and areas of concern. | The application does not include a clear plan for program evaluation and continuous improvement, and details are limited. |

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| **Staffing, Management Plan and Key Personnel (10 points)**  **Required Element** | All the requirements under meets criteria are met. In addition, a resume including information relevant to the project is provided for all personnel.  The staffing qualification table is also correct and complete, and multiple staff exceed qualification requirements. All supporting documentation is provided. | All aspects of this section of the application are addressed, including information relevant to all key personnel.  The staffing qualification table is also correct and complete, and staff meet qualification requirements. All supporting documentation is provided. | Administrative and key personnel are not listed in the chart, responsibilities are vague, or time devoted is missing. The instructional oversight person does not meet the qualifications. Some or no resumes are provided.  The staffing qualification table is incomplete or incorrect. The teacher(s) and/or teacher assistant(s) do not meet qualification requirements and/or partial documentation is provided. |
| **Project Timeline**  **(10 points)** | The project timeline chart lists all key activities, individuals responsible, and time frame. The key activities are aligned with the grant goals, outcomes, proposed plan and correspond with the correct categories. The timeline covers the entire grant year. In addition, a management plan has been developed to ensure that the timeline remains on track. | The project timeline chart lists all key activities, individuals responsible, and time frame. The key activities are aligned with the grant goals, outcomes, proposed plan and correspond with the correct categories. The timeline covers the entire grant year. | The project timeline chart is missing either key activities, the individual responsible or time frame; or contains vague activities that may not correspond with the correct categories. The timeline partially covers the grant year. |

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| **Collaboration and Sustainability**  **(10 points)** | The application contains a thorough plan for sustainability with blending and braiding federal, state, and local funding streams.  The plan includes extensive community and business partnerships.  Responsibilities of collaborating partners are provided in detail. The plan may or may not include matching funds to the extent possible. | The application contains a thorough plan for sustainability with extensive community and business partnerships. Responsibilities of collaborating partners are provided in detail. The plan may or may not include matching funds to the extent possible. | The application contains a vague plan for sustainability. A list of partners is included but without their respective roles. |

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| **Budget and Budget Narrative**  **(10 points)**  **Required Element** | The application includes a budget and budget narrative that follows the prescribed budget categories. Each line-item is specific and shows calculations. All line items are calculated correctly, and budget forms are free of errors. Items on the budget narrative are reasonable, allowable, and allocable with justification. The budget narrative and C-1-25 are aligned. The budget narrative aligns with the proposed activities.  The application includes additional sources of funding or revenue to supplement activities in the proposed budget and budget narrative that ties back to corresponding community and business partnerships. | The application includes a budget and budget narrative that follows the prescribed budget categories. Each line-item is specific and shows calculations. All line items are calculated correctly, and budget forms are free of errors. Items on the budget narrative are reasonable, allowable, and allocable with justification. The budget narrative and C-1-25 are aligned. The budget narrative aligns with the proposed activities. | The application includes budget expenses with limited justification and/or does not align with the prescribed categories or the proposed activities. Costs may not be reasonable, allowable, or allocable. Budget contains errors and/or missing calculations. |

# Appendices

The following appendices must be included but do not apply to the page limit of the project narrative.

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

* Works Cited: A works cited page is required for any sources that are cited in the proposal. Use a standard format such as MLA or Chicago Manual of Style
* Documentation of policy demonstrating how families meet the income eligibility criteria according to the Federal Poverty Guidelines. Students with disabilities, students experiencing homelessness, and students from homes where English is not the primary spoken language are eligible regardless of income.
* Head Start Program programs only: Applicants must submit a letter of support from the Head Start Program-funded grantee if the applicant is not the funded grantee.
* Resumes of Key Personnel: Include a one-page resume for each person playing a key role in the project. Only information relevant to the project should be included in the resume. Resumes for teachers are **not** necessary. Be sure to include the resume for the individual selected to provide instructional oversight.
* Evidence of lead teacher qualifications: a bachelor’s degree
* Evidence of assistant teacher credentials: a minimum of a high school diploma
* Evidence of published Maryland EXCELS rating and a description of how the applicant will achieve or maintain a rating of 5.
* Accreditation certificate (if applicable).
* A [signed C-1-25 MSDE budget form](https://www.marylandpublicschools.org/about/Documents/Grants/GrantForms-12-10-2020.xls)
* A [signed recipient assurances page](https://www.marylandpublicschools.org/about/Documents/Grants/GrantRecipientAssurances.pdf)