

APPLICATION FOR PARTICIPATION

Maryland Robotics Grant Program 2022

Maryland State Department of Education

200 West Baltimore Street Baltimore, Maryland 21211

Deadline

May 27, 2022 No later than 5:00 pm EST

MARYLAND STATE DEPARTMENT OF EDUCATION

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Instructions

This funding opportunity is open to Maryland Public Schools and Nonprofit entities partnering with a public school to support robotics programming, or a nonprofit entity supporting an existing or developing robotics program where the majority (51% or more) of members are public school students.

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. Be sure to include the required attachments.

Required application components for the Maryland Robotics Grant Program 2022 include:

- 1. Completion of the Grant Application Form (Microsoft Word document, saved to pdf), and
- 2. Submission of Required Attachments and Supporting Documentation (#1 #3).

Email to Bruce Lesh at Bruce.Lesh@Maryland.gov Maryland State Department of Education Phone: 410-767-0519

A. MARYLAND ROBOTICS GRANT PROGRAM APPLICATION COVER PAGE

| Type of applica | nt: | ☐ Public School | ☐ Non-Profit |
|--|-----------|-------------------------|--|
| Type of applica | nt: | ☐ Expanding Existing R | Robotics Program Developing New Robotics Program |
| LEA Name: Clic | ck or tap | here to enter text. | |
| School Name: | Click or | tap here to enter text. | Non-Profit Name: Click or tap here to enter text. |
| Mailing Address: Click or tan here to enter text | | | |

Mailing Address: Click or tap here to enter text.

Amount of request for grant period (July 1, 2022 – June 30, 2023): \$ Click here to enter amount.

Number of participating schools: Click or tap here to enter number.

Local Education Agency (LEA) / Non-Profit - Point of Contact

| Name: Click or tap here to enter text. | Title: Click or tap here to enter text. | |
|---|--|--|
| Phone: Click or tap here to enter text. | Email: Click or tap here to enter text. | |
| Signature: | | |

Participating School #1

| School Name: Click or tap here to enter text. | Principal Name: Click or tap here to enter text. | | |
|---|---|--|--|
| School Address: Click or tap here to enter text. | Grade Level: Choose level | | |
| Phone: Click or tap here to enter number. | Email: Click or tap here to enter text. | | |
| Robotics Club Membership in SY2021-22: Enter number | | | |
| Principal Signature: | | | |

Participating School #2 (optional)

| School Name: Click or tap here to enter text. | Principal Name: Click or tap here to enter text. | | |
|---|--|--|--|
| School Address: Click or tap here to enter text. | Grade Level: Choose level | | |
| Phone: Click or tap here to enter number. | Email: Click or tap here to enter text. | | |
| Robotics Club Membership in SY2021-22: Enter number | | | |
| Principal Signature: | | | |

Participating School #3 (optional)

| School Name: Click or tap here to enter text. | Principal Name: Click or tap here to enter text. | | |
|---|--|--|--|
| School Address: Click or tap here to enter text. | Grade Level: Choose level | | |
| Phone: Click or tap here to enter number. | Email: Click or tap here to enter text. | | |
| Robotics Club Membership in SY2021-22: Enter number | | | |
| Principal Signature: | | | |

Grant Project Requirements

See pages 6-10 of the Grant Information Guide (GIG) for a description of all Maryland Robotics Grant Program requirements.

B. PROJECT ABSTRACT (1-PAGE LIMIT)

Provide a summary using the guidance on page 6 of the GIG. All text should be 1.5 line spacing and a Times New Roman type size of 12-point font (text box is pre-formatted).

Click or tap here to enter text.

C. PROJECT NARRATIVE (5-PAGE LIMIT)

Extent of Need: Describe the conditions or needs to be addressed through the Robotics Grant Program. Include a clearly defined problem supported by a needs assessment and supporting data. Document current or past efforts to address the problem and show how those efforts addressed the need. Also discuss the applicant's history or expertise in dealing with the problem.

Click or tap here to enter text.

Goals, Measurable Objectives, and Milestones: Identify 2-3 goals and objectives. See page 6 of the GIG for completing the section on goals and objectives. Each goal should have clear metrics to measure progress.

Goal #1: By Click or tap to enter a date., Click or tap here to enter text.

Objective: Click or tap here to enter text.

Milestone: Click or tap here to enter text.

*Add more rows if necessary

Goal #2: By Click or tap to enter a date., Click or tap here to enter text.

Objective: Click or tap here to enter text.

Milestone: Click or tap here to enter text.

*Add more rows if necessary

Goal #3: By Click or tap to enter a date., Click or tap here to enter text.

Objective: Click or tap here to enter text.

Milestone: Click or tap here to enter text.

Plan of Operation: Discuss the strategies and activities to be used to accomplish the outcomes. See page 7 of the GIG for completing this section.

Click or tap here to enter text.

Evaluation and Dissemination Plan: Grantees are required to submit annual evaluation reports and quarterly progress reports that are consistent with the project's goal and objective(s).

Click or tap here to enter text.

Management Plan/Key Personnel: Discuss the management plan and the leadership team using the guidance on page 11.

Click or tap here to enter text.

List of Project Leaders:

| Name | Title/Role | Qualifications |
|---------------------------|----------------------------|-------------------------------------|
| Click here to enter name. | Click here to enter title. | Click here to enter qualifications. |
| Click here to enter name. | Click here to enter title. | Click here to enter qualifications. |
| Click here to enter name. | Click here to enter title. | Click here to enter qualifications. |

^{*}Add more rows if necessary

^{*}Add more rows if necessary

D. GRANT BUDGET FORM AND BUDGET NARRATIVE

Complete the attached Robotics Budget Form (excel sheet). Instructions are provided in the first tab of the Budget Sheet. The Budget Form includes school and LEA costs for the Robotics Grant.

Provide a description of each budget category in the spaces below. For example, under Salaries and Wages, describe the number of staff attend trainings. If funds are used to hire substitute school nutrition staff, include amounts. Include FICA/Benefits if applicable.

1. Salaries and Wages

Click or tap here to enter text.

2. Contracted Services

Click or tap here to enter text.

3. Supplies and Materials

Click or tap here to enter text.

4. Other Charges

Click or tap here to enter text.

5. Equipment and Furniture

Click or tap here to enter text.

Required Attachments

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

- Letters of Commitment from School(s) and/or Non-profit(s),
- Résumés of Key Personnel Include a one-page résumé for each person playing a key role,
- MSDE Recipient Assurances page,
- LEA documentation or URL to policies related to on-line safety and privacy, and
- MSDE <u>Itemized Budget Form (C-1-25)</u> (proposed budget).