

IDEA Part C
State Systemic Improvement Plan (SSIP)
State Implementation Team

**APPLICATION FOR PARTICIPATION**

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

Deadline
December 30, 2023
No later than 5:00 p.m. EDT

**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

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Monica Goldson, Ed.D.

Nick Greer

Irma E. Johnson, Ph.D.

Joan Mele-McCarthy, D.A.

Rachel L. McCusker

Samir Paul, Esq.

Brigadier General Warner I. Sumpter (Ret.)

Holly C. Wilcox, Ph.D.

Abisola Ayoola (Student Member)

Table of Contents

[Instructions 3](#_Toc143083204)

[Proposal Cover Page 4](#_Toc143083205)

[Application Requirements 5](#_Toc143083206)

[Budget and Budget Narrative 11](#_Toc143083207)

[Reporting Requirements 14](#_Toc143083208)

[General Education Provisions Act (GEPA) 15](#_Toc143083209)

[Appendices 16](#_Toc143083210)

# 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. A single electronic file in PDF format must be submitted by upload to the local program’s designated shared folder on the [MSDE Moveit Secure File Transfer Website](https://msde.sftp.md.gov/). All uploaded files must be titled in accordance with the naming convention guidelines contained in the [MSDE Moveit Secure File Transfer Website](https://msde.sftp.md.gov/) Access and Submission Procedures.
5. The IDEA Part C, SSIP: State Implementation Team applications are due by 5:00 p.m. on December 30, 2023.

# 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:

Insert a screenshot of the active [SAM](http://www.sam.gov/) record status below:

[enter screenshot here]

Amount of the request for grant period (October 1, 2023 – September 30, 2024):

$

Estimated Annual Cost of Program/Project and Type of Funds

 Federal $

 State/Local $

 Other $

(Should agree with Proposed Budget)

Head of Agency (Printed Name) Title Date

Head of Agency (Signature) Date

# Application Requirements

## PROJECT ABSTRACT (1 Page)

Provide a summary statement of why the LLA should be selected to participate in the SIT to build capacity for implementing the EBPs of Reflective Coaching, RBI, and Pyramid Model. Include a narrative of which EBPs are implemented in the LLA and a root cause analysis of relevant local data. Refer to the Grant Information Guide for guidance.

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## Project narrative

Describe how participation in the SIT and the proposed activities will result in improved social emotional outcomes for children with disabilities, and their families. The project narrative consists of the following sections. These sections will be scored by reviewers.

* Extent of Need
* Goals, Measurable Outcomes and Milestones
* Plan of Operation, Key Personnel, and Project Timeline
* Evaluation and Evidence of Impact

## Extent of Need

Provide a description of how participation in the SIT will lead to improved outcomes for children with disabilities, and their families. This should include a discussion of how implementing the EBPs will address the problem and root cause factor(s). Any proposed strategies should include a discussion of the successes and challenges experienced by the LLA for implementing the following EBPs: Reflective Coaching, RBI, and Pyramid Model. In the response, discuss how Child Outcomes Summary (COS) is implemented to fidelity in the LLA. In addition, provide a description of the applicant’s familiarity with Implementation Science using the following terms: “very familiar, somewhat familiar, somewhat unfamiliar, unfamiliar” and provide additional details as needed. For example, the applicant may describe any previous training that has occurred in Implementation Science. Then, for each listed EBP complete the chart to describe which phase of implementation the LLA is in (as applicable). Finally, list the number and percentage of total staff trained to fidelity on each of the EBPs. Refer to the Grant Information Guide for requirements.

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| **Topic Area** | **Number of Staff Trained to Fidelity** | **Percentage of Total Staff Trained to Fidelity** | **Phase of Implementation** |
| --- | --- | --- | --- |
| Reflective Coaching |  |  |  |
| Routines Based Interview |  |  |  |
| Pyramid Model |  |  |  |
| Other EBPs: <insert here> |  |  |  |

## GOALS, MEASURABLE OUTCOMES AND MILESTONES

Provide at least one project goal, with measurable outcomes. Refer to the Grant Information Guide for guidance.

|  |
| --- |
| **Goal 1:** |
| **Measurable Outcome:** |

|  |
| --- |
| **Goal 2:** |
| **Measurable Outcome:** |

*\*Add more rows If necessary*

### Benchmarks

| **Benchmark/Outcome:** How will it be known that progress is made? | **Data:** What Data will be used to measure progress? | **Frequency: How often will benchmark data be collected?** | **Evaluator**: Who is responsible for conducting the evaluation? |
| --- | --- | --- | --- |
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## Plan of Operation, Key Personnel and Timeline

Provide a description of the proposed activities. Any proposed strategies must include specific references to research supporting plan implementation. Refer to the Grant Information Guide for guidance.

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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.

| **Strategy/Key Activities** | **Timeline** | **Person Responsible Partner Organization** |
| --- | --- | --- |
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|  |  |  |
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*\*Add more rows if necessary*

### Implementation Team

Identify the implementation team including names, titles, roles, and responsibilities relative to plan implementation. Attach a resume or curriculum vitae for each personnel.

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

*\*Add more rows if necessary*

Complete the project timeline below. Be sure to include all key management, implementation, and evaluation activities.

| **Strategy/Key Activities** | **Timeline** | **Responsible Person** |
| --- | --- | --- |
| **Management Activity** |
|  |  |  |
|  |  |  |
| **Implementation Activity** |
|  |  |  |
| **Evaluation Activity** |
|  |  |  |
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## Evaluation AND evidence of impact

Describe the plan to evaluate the program’s goals and objectives, and how success will be measured. Refer to the Grant Information Guide for guidance.

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| Type response here. |

Evaluation is an important part of determining the success of the program. Applicants are required to describe in detail what success will look like and the criteria that will be used to determine and measure success. Describe the evaluation plan and how the applicant will determine that the proposed activities were successful.

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| Type response here. |

Describe how the project and the evaluation results will be communicated to major stakeholders and individuals interested in the project.

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| Type response here. |

# Budget and Budget Narrative

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 & Wages (list each position separately)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total for salaries & wages: |  |  |  |

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

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| --- |
| Type response here. |

**2. Contracted Services**

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| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
|  |  |  |  |  |
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|  | 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 & Materials**

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| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
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|  | Total supplies & materials: |  |  |  |

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

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| Type response here. |

**4. Other Charges**

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| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
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|  |  |  |  |  |
|  | Total for other charges: |  |  |  |

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

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| Type response here. |

**5. Equipment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
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|  | Total for equipment: |  |  |  |

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

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| 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.

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| Type response here. |

**7. Total amount requested**

|  |
| --- |
| **Total Amount Requested** |
|  | Grand Total: |  |

# Reporting Requirements

Grantees must comply with the following reporting requirements. All requirements are pursuant to the reporting requirements for the Consolidated Local Implementation Grant (CLIG):

| **Date** | **Reporting Requirements** | **Person Responsible** |
| --- | --- | --- |
| January 31, 2024 | Semi-annual programmatic and fiscal reporting\*  |  |
| June 15, 2024 | SFY 2024 CLIG State General Funds Funding Adjustment Certification and Agreement Form |  |
| November 1, 2024 | Final programmatic and fiscal year reporting\* |  |
| November 15, 2024 | Data collection |  |
| November 30, 2024 | Final cumulative and financial reporting\* |  |

\*Please refer to the Consolidated Local Implementation Grant Information Guide for guidance on the financial reporting requirements.

# 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).

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# 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 signed [Recipient Assurances Page](https://www.marylandpublicschools.org/about/Documents/Grants/GrantRecipientAssurances.pdf)

Appendix B: A signed [Certifications Page](https://marylandpublicschools.org/programs/Documents/Special-Ed/rmmb/Grants/NonLSS/Certifications%20Lobbying_Debarment_Drug-free_Workplace.docx) regarding Lobbying, Debarment, Suspension, other responsibility matters, and Drug-free Workplace

Appendix C: A signed [C-1-25 MSDE Budget Form](https://www.marylandpublicschools.org/about/Documents/Grants/GrantForms-12-10-2020.xls)

Appendix D: One-page resumes of key personnel

Appendix E: A copy of the [W-9 Form](https://www.irs.gov/pub/irs-pdf/fw9.pdf) (Applicable for first time grant applicants and/or grantees requiring a change of address/contact)

Appendix F: Local letter of support from one of the following: Lead Agency Director or Director of Special Education

Appendix G: Additional letters of support from one or more of the following are optional: Letter from Local Interagency Coordinating Council, Letter from Superintendent, Letter from community partner