

**APPLICATION FOR PARTICIPATION**

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

Deadline
June 20, 2023 (rolling application review begins April 27, 2023)
No later than 5:00 p.m. ET

**State-Aided Institutions (SAI)**

**Program for fiscal year 2025**

**MARYLAND STATE DEPARTMENT OF EDUCATION**

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

**Justin Dayhoff**Assistant State Superintendent, Financial
Planning, Operations, and Strategy

**Wes Moore**Governor

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Vermelle Greene, Ph.D.

Dr. Joan Mele-McCarthy

Rachel L. McCusker

Lori Morrow

Brigadier General Warner I. Sumpter (Ret.)

Holly C. Wilcox, Ph.D.

Merin Thomas (Student Member)

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# Instructions

1. Review the information in the Grant Information Guide (GIG).
2. Complete this application electronically by typing directly into the fillable fields and charts.
3. When finished, save the application document as a pdf to your computer and obtain appropriate signatures.
4. Attach appendices to the pdf file.
5. The completed application should be saved as a pdf and emailed to sai.applications@maryland.gov

# Proposal Cover Page

Organization name: Choose an item.

Address: Click or tap here to enter text.

City, state, zip: Click or tap here to enter text.

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

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

Will you be requesting an increase to the allocation above? Choose an item.

If so, how much additional funding are you requesting? $Click or tap here to enter text.

Brief project statement describing the educational program (do not go beyond this page):

|  |
| --- |
|  |

Head of Institution Printed Name Title

Head of Institution Signature Date

# Fiscal Impact Statement

Respond to the questions below. Do not exceed this page.

Briefly describe the educational program.

|  |
| --- |
|  |

How much total funding is being requested? $Click or tap here to enter text.

What population will be served?

|  |
| --- |
|  |

What are the educational goals?

|  |
| --- |
| **Goal 1:**  |
| **Goal 2:** |

*\*Add more if desired.*

What are the anticipated outcomes?

|  |
| --- |
|  |

# Project Narrative (10-page limit)

Applicants must complete the electronic application as follows. Please refer to the Grant Information Guide (GIG) for information on completing each section.

## Mission Statement

Provide the institution mission statement.

|  |
| --- |
|  |

## Evidence of Impact

Discuss your track record for success, and briefly describe how the proposed education program and strategies will impact Maryland students and teachers. Refer to the Grant Information Guide for guidance.

|  |
| --- |
|  |

Provide the projected numbers of students and teachers expected to be served in SAI-funded activities by completing the chart below:

|  | **Fiscal Year 2023 (actual)** | **Fiscal Year 2024 (projected)** | **Fiscal Year 2025 (projected)** |
| --- | --- | --- | --- |
| Number of LEAs served |  |  |  |
| Number of total public schools served |  |  |  |
| Number of schools designated as Title I |  |  |  |
| Number of nonpublic / homeschools served |  |  |  |
| Number of K-12 students served |  |  |  |
| Number of students with a disability served |  |  |  |
| Number of teachers served |  |  |  |
| Number of chaperones / other adults served |  |  |  |

Note: At least 80% of schools served must be public schools, and the remaining 20% of schools may be nonpublic schools or homeschools.

## Goals

Applicants are required to set overall goals for the project. Determining the program goal(s) is an important part of the next step of evaluating your program. Refer to the Grant Information Guide for further guidance.

|  |
| --- |
| **Goal 1:**  |
| **Goal 2:** |

*\*Add more if desired.*

## Educational Programming and Outreach

Indicate what grade levels your SAI-funded program will serve.

[ ]  Early Childhood (PreK – Kindergarten)

[ ]  Elementary School (1st grade – 5th grade)

[ ]  Middle School (6th grade – 8th grade)

[ ]  High School (9th – 12th grade)

[ ]  Other (explain) Click or tap here to enter text.

Provide a description of the proposed education program and how it extends learning beyond the classroom and provides enriching experiences for students.

|  |
| --- |
|  |

Identify the educational standards met by your educational program.

|  |  |
| --- | --- |
| **Content Area** | **Standard / Priority** |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |

*\*Add more rows if necessary*

In what way(s) does the proposed program connect to the state’s educational goals and standards above?

|  |
| --- |
|  |

Describe your outreach plan to advertise the educational program in an effort to expand its reach to Maryland students and teachers. Refer to the Grant Information Guide for guidance.

|  |
| --- |
|  |

## EvaluatioN

Grantees are required to submit a brief evaluation report at the end of the grant period that is consistent with the project’s goals. Describe what success will look like and the criteria that will be used to determine and measure success. Refer to the Grant Information Guide for guidance.

|  |
| --- |
|  |

How will you ensure that reporting requirements are met for the SAI program?

|  |
| --- |
|  |

## Key Personnel

Provide a list of the staff or personnel responsible for the successful implementation and monitoring of the grant requirements by completing the chart below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title, PartnerOrganization** | **Responsibilities** | **Time Devoted** |
|  |  |  |  |
|  |  |  |  |

*\*Add more rows if necessary*

## Board Members

Provide a list of the members of the independent governing board.

|  |  |  |
| --- | --- | --- |
| **Name** | **Title, PartnerOrganization** | **Affiliation** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*\*Add more rows if necessary*

## Student Safety

Describe how your institution keeps minors safe and conducts background checks on those that are supervising or have access to minors. Refer to the Grant Information Guide for guidance.

|  |
| --- |
|  |

## Project Timeline

The Project Timeline tells the reader when key activities will take place during the grant period, including the estimated months for field trips. Complete the timeline below. Refer to the Grant Information Guide for guidance.

| **Key Activities** | **Individual Responsible** | **Time Frame / Date** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*\*Add more rows if necessary*

# Budget and Budget Narrative (no page limit)

Please provide a detailed description of the requested funds that will be spent by using the categories listed below. Add more rows if needed.  Refer to the Grant Information Guide for guidance.

|  |
| --- |
| Salaries & Wages |
| **Item/Description** | **Calculation** | **Total** |
|  |  | $ |
|  |  | $ |
|  | **Total:** | $ |

*\*Add more rows if necessary*

|  |
| --- |
| Contracted Services |
| **Item/Description** | **Calculation** | **Total** |
|  |  | $ |
|  |  | $ |
|  | **Total:** | $ |

*\*Add more rows if necessary*

|  |
| --- |
| Supplies & Materials |
| **Item/Description** | **Calculation** | **Total** |
|  |  | $ |
|  |  | $ |
|  | **Total:** | $ |

*\*Add more rows if necessary*

|  |
| --- |
| Equipment |
| **Item/Description** | **Calculation** | **Total** |
|  |  | $ |
|  |  | $ |
|  | **Total:** | $ |

*\*Add more rows if necessary*

|  |
| --- |
| Other Charges |
| **Item/Description** | **Calculation** | **Total** |
|  |  | $ |
|  |  | $ |
|  | **Total:** | $ |

*\*Add more rows if necessary*

# Funding Augmentation (optional)

Institutions requesting additional funds must complete this section. Institutions that are not requesting a funding increase can disregard or delete this section. Refer to the Grant Information Guide for guidance.

Provide a justification for the increase.

|  |
| --- |
|  |

Who will be served with the additional funds?

|  |
| --- |
|  |

What are the objectives of the educational program?

|  |
| --- |
|  |

What are the anticipated outcomes?

|  |
| --- |
|  |

Provide a budget for how the additional funds will be spent.

|  |
| --- |
| Salaries & Wages |
| **Item/Description** | **Calculation** | **Total** |
|  |  | $ |
|  |  | $ |
|  | **Total:** | $ |

*\*Add more rows if necessary*

|  |
| --- |
| Contracted Services |
| **Item/Description** | **Calculation** | **Total** |
|  |  | $ |
|  |  | $ |
|  | **Total:** | $ |

*\*Add more rows if necessary*

|  |
| --- |
| Supplies & Materials |
| **Item/Description** | **Calculation** | **Total** |
|  |  | $ |
|  |  | $ |
|  | **Total:** | $ |

*\*Add more rows if necessary*

|  |
| --- |
| Equipment |
| **Item/Description** | **Calculation** | **Total** |
|  |  | $ |
|  |  | $ |
|  | **Total:** | $ |

*\*Add more rows if necessary*

|  |
| --- |
| Other Charges |
| **Item/Description** | **Calculation** | **Total** |
|  |  | $ |
|  |  | $ |
|  | **Total:** | $ |

*\*Add more rows if necessary*

# 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: Evidence of status of a [non-profit 501(c)(3) organization](https://www.irs.gov/charities-non-profits/charitable-organizations/exemption-requirements-501c3-organizations)

Appendix C: Evidence of liability insurance coverage

Appendix D: A detailed operating budget that indicates that less than 50% of the budget comes from state grants (except for the Baltimore Zoo), specifies all sources of income (including grants received, name of granting agency, and amount of each grant), and specifies all expenditures

Appendix E: A copy of the most recent independent annual audit or copies of the most recent internally generated financial statement until the annual audit is available