

**Home Visiting Grant Program**

**Maryland State Department of Education**200 West Baltimore Street

Baltimore, Maryland 21211

**Deadline**June 6, 2022

No later than 5:00 p.m. EST

**APPLICATION FOR PARTICIPATION**

MARYLAND STATE DEPARTMENT OF EDUCATION

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

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

**Marcella E. Franczkowski, M.S.**Assistant State Superintendent, Division of Early Intervention and Special Education Services

**Larry Hogan**Governor

**Clarence C. Crawford**President, Maryland State Board of Education

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Kevin Bokoum (Student Member)

MARYLAND STATE BOARD OF EDUCATION

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# Instructions

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. The completed Application should be saved as a pdf an emailed to:

Nancy Vorobey, Home Visiting Grants Program Manager

Division of Early Intervention/Special Education

Maryland State Department of Education

Phone: 410-767-0234

Email: [nancy.vorobey@maryland.gov](mailto:nancy.vorobey@maryland.gov)

# Proposal Cover Page

Proposals must complete the Application Cover Page including all contact information and requested funding amount. The cover page must be signed by the Head of Agency.

**Home Visiting Program Name**: Click or tap here to enter text.

**Local Management Board / Local Lead Agency Director**:

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

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

**Fiscal Officer:**

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

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

**Home Visiting Grant Program Coordinator:**

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

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

**Program Vendor Contact Information:**

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

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

**SFY 2022 Funding Level:** Enter amount.

**Other funding sources (check all that apply):**

* MIECHV
* GOC/LMB
* Local Government
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Head of Agency Signature Date

# Program Narrative

Identify the evidence-based home visiting model being implemented locally.  Include the accreditation status of the program.

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| Type response here. |

Briefly describe any program challenges that impacted the delivery of home visiting services during the previous grant period (SFY 2021). Highlight strategies that were implemented successfully that supported the continued delivery of home visiting services.

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| Type response here. |

Discuss proposed activities and how the current proposal was influenced by the experiences of the previous grant period (as applicable).

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| Type response here. |

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# Contractual Services

Who will the program vendor be?

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| Type response here. |

What population is targeted to be served by the program?

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| Type response here. |

# Community Partnerships

Identify and briefly describe community partnerships and how the home visiting program is part of a broader system of family and child support services.

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| Type response here. |

## 

## Results for Child Well-Being

For each result area below, complete the table for the state indicator.

### Results Area: Babies Being Born Healthy

|  |  |
| --- | --- |
| State Indicator | Infant Mortality: The rate of deaths occurring to infants under 1 year of age. |
| State Performance Measure | Deaths occurring to infants <1 year of age will be below 5%. |
| Program goal(s) |  |
| Activities |  |
| Performance Measures |  |
| State Indicator | Low Birth Weight: The p*ercentage of babies born at low birth weight, less than 2500 grams (or 5.5 pounds).* |
| State Performance Measure | 90% of families who enroll during 1st or 2nd trimester will have a child weighing 2500 grams (5.5 pounds) or greater at birth. |
| Program goal(s) |  |
| Activities |  |
| Performance Measures |  |

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### Results Area: Healthy Children

|  |  |
| --- | --- |
| State Indicator | Immunization: *The percentage of children fully immunized by age two.* |
| State Performance Measure | 90% of target children will be current with immunizations through age two. |
| Program goal(s) |  |
| Activities |  |
| Performance Measures |  |

### Results Area: School Readiness

|  |  |
| --- | --- |
| State Indicator | Language & Early Literacy: The percentage of enrolled families who read, tell stories to, or sing with their child/ren daily. |
| State Performance Measure | 90% of enrolled families access information and activities designed to promote language development and early literacy awareness/skills.  90% of enrolled families demonstrate an increase in positive parent-child practices and interactions. |
| Program goal(s) |  |
| Activities |  |
| Performance Measures |  |

|  |  |
| --- | --- |
| State Indicator | Social Foundations: The percentage of enrolled families who engage in positive parenting practices with their child/ren. |
| State Performance Measure | 100% of target children will be screened for developmental delays semi-annually through age 2 and annually thereafter.   % of children developing on target. |
| Program goal(s) |  |
| Activities |  |
| Performance Measures |  |

|  |  |
| --- | --- |
| State Indicator | Early Identification of Learning Challenges. |
| State Performance Measure | % of children with suspected developmental delay who were referred to Maryland Infant and Toddler Program (MITP) or local school system Child Find points of contact. |
| Program goal(s) |  |
| Activities |  |
| Performance Measures |  |

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### Results Area: Children Safe in their Families and Communities

|  |  |
| --- | --- |
| State Indicator | Abuse and Neglect: The rate of investigations of child abuse or neglect ruled as indicated or unsubstantiated. |
| State Performance Measure | % of families accessing information and activities designed to promote positive health and safety practices. |
| Program goal(s) |  |
| Activities |  |
| Performance Measures |  |

## Fiscal Oversight and Programmatic Quality Assurance

Provide an overview of the local grantee agency fiscal and programmatic monitoring procedures. Identify monitoring activities such as data reporting, desk audit, and/or onsite or virtual program visits conducted by other local or State agency funding sources, such as foundation grants, the Governor’s Office for Children (GOC), the Maryland Department of Health (MDH) Maternal, Infant and Child Home Visiting (MIECHV) grant program.

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| Type response here. |

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# Appendix

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

* A [signed C-1-25 MSDE budget form](https://www.marylandpublicschools.org/about/Documents/Grants/GrantForms-12-10-2020.xls)
* An MOU that meets the provisions of this program, and signed by all parties and partners
* A [signed recipient assurances page](https://www.marylandpublicschools.org/about/Documents/Grants/GrantRecipientAssurances.pdf)