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**APPLICATION FOR PARTICIPATION**

**Maryland Elevates Grant:**

**Families as Informed Partners**

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

Baltimore, Maryland 21201

**Deadline**October 21, 2022

No later than 5:00 pm EST

**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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Gail Bates

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Charles R. Dashiell Jr., Esq.

Jean C. Halle

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)

**MARYLAND STATE BOARD OF EDUCATION**



**Strategic Plan: *Moving Maryland Forward***

The **Division of Early Intervention and Special Education Services** is committed to *Narrow the Gap* between children and youth with disabilities and their non-disabled peers with the implementation of key measures of success and key strategies for implementation, through the use of innovative tools and resources.

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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 DEI-SES-grant.submissions@Maryland.gov.

# Cover Page (1-page limit)

Name of applicant: Click or tap here to enter text.

Complete mailing address (as it appears in the SAM record – include 9-digit zip code):

Click or tap here to enter text.

Click or tap here to enter text.

Federal Employer ID number: Click or tap here to enter text.

UEI number: Click or tap here to enter text. Expiration date: Click or tap here to enter text.

|  |  |
| --- | --- |
| Project Director name: Click or tap here to enter text. | Title: Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Phone: Click or tap here to enter text. |
| Financial contact name: Click or tap here to enter text. | Title: Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Phone: Click or tap here to enter text. |
| Grants Office contact name: Click or tap here to enter text. | Title: Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Phone: Click or tap here to enter text. |

Select the high-leverage strategy(ies) addressed in this application:

[ ]  Parent training and information center

[ ]  Customized IEP mediation and dispute resolution

Amount requested: $

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

[enter screenshot here]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of Agency Printed Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of Agency Signature Date

# Project Abstract (1-page limit)

Provide a summary of the project that includes a description of the root causes of the problem, as well as the impact of the proposed project as it related to one or more of the high-leverage strategies. Refer to the Grant Information Guide for guidance.

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| Type response here. |

# Statement of Need

Provide a description of the proposed activities and how they will address the problem, root cause factor(s) and result in improved outcomes for children and youth with disabilities, and their families and/or their service providers. Any proposed strategies must be evidence-based practices (EBP) and include specific references to research supporting plan implementation. Refer to the Grant Information Guide for more detailed information and guidance.

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| Type response here. |

# Evidence of Impact

Provide a detailed description of the proposed activities and how they will address the problem, root cause factor(s) and result in improved outcomes for families of children with disabilities (birth through 21), educators, and service providers. Proposed strategies must be evidence-based practices (EBP) and include specific references to research supporting plan implementation. Refer to the Grant Information Guide for requirements.

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| Type response here. |

Describe the applicant’s history and capacity to complete the proposed work.

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| Type response here. |

# Goals, Outcomes, and Strategies

Provide at least one project goal, with measurable outcomes and evidence-based strategies. Refer to the Grant Information Guide for guidance.

|  |
| --- |
| Goal #1: Click or tap here to enter text. |
| Measurable Outcome: Click or tap here to enter text. |
| Evidence-based Strategy: Click or tap here to enter text. |

*\*Add more rows if necessary*

# Benchmarks

Provide benchmarks to measure progress towards meeting the goal(s) and objectives).

| **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? |
| --- | --- | --- | --- |
| 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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*\*Add more rows if necessary*

# Project Narrative

Provide a description of the proposed activities. Any proposed strategies must be evidence-based practices (EBP) and include specific references to research supporting plan implementation.

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| Type response here. |

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# Project Timeline

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

| **Key Activities** | **Individual Responsible** | **Date of Implementation** |
| --- | --- | --- |
| **Management Activity** |  |  |
| 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. |
| **Implementation Activity** |  |  |
| 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. |
| **Evaluation Activity** |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

*\*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 key personnel.

| **Name** | **Title** | **Roles & Responsibilities** |
| --- | --- | --- |
| 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. |

*\*Add more rows if necessary*

# Evaluation and Dissemination Plan

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. Refer to the Grant Information Guide for more detailed information and 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. |

# Accessibility Plan

Describe how the application will ensure that the projects offering paper, web or technology-based instructional products or programs operate in compliance with [Section 508 of the Federal Rehabilitation Act of 1973](https://www.section508.gov/content/learn/laws-and-policies).

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| Type response here. |

# General Education Provisions Act (GEPA), Section 427

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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| Type response here. |

# Reporting Requirements

Grantees must comply with the following reporting requirements:

| **Date** | **Reporting Requirements** | **Person Responsible** |
| --- | --- | --- |
| Jan 31, 2023 | [Interim Cumulative Variance and Programmatic Progress Report](https://www.marylandpublicschools.org/programs/Documents/Special-Ed/rmmb/Grants/Meetings/2022_April%207_SFY%202023%20Annual%20Programmatic%20and%20Fiscal%20Mtg/LAFF/Accessible%20Interim%20Report_Final_4.4.22.docx)  | Click or tap here to enter text. |
| October 1, 2022 – November 30, 2023 | Monthly Invoice | Click or tap here to enter text. |
| Aug 15, 2023 | Deadline for the submission of any [requests for grant amendment](http://archives.marylandpublicschools.org/S/SpecialEd-RMMB/2022/C-1-25_Budget_pages_and_Amendment.xlsx) | Click or tap here to enter text. |
| Nov 30, 2023 | [Final Cumulative Variance and Programmatic Progress Report](https://www.marylandpublicschools.org/programs/Documents/Special-Ed/rmmb/Grants/Meetings/2022_April%207_SFY%202023%20Annual%20Programmatic%20and%20Fiscal%20Mtg/LAFF/Accessible%20Final%20Report_Final_4.4.22.docx);[Final Financial Report](https://www.marylandpublicschools.org/programs/Documents/Special-Ed/rmmb/Grants/Meetings/2022_April%207_SFY%202023%20Annual%20Programmatic%20and%20Fiscal%20Mtg/LAFF/Non-LSS_Financial_Report.xls) (inclusive of all liquidations as of 9/30/2023); andFinal Invoice | Click or tap here to enter text. |

# 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 and Budget Detail](http://archives.marylandpublicschools.org/S/SpecialEd-RMMB/2022/C-1-25_Budget_pages_and_Amendment.xlsx) 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** |
| Enter text here. | Enter text here. | $Enter figure here. | $Enter figure here. | $Enter figure here. |
| Enter text here. | Enter text here. | $Enter figure here. | $Enter figure here. | $Enter figure here. |
|  | Total for salaries & wages: | $Enter figure here. | $Enter figure here. | $Enter figure here. |

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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| Enter text here. | Enter text here. | $Enter figure here. | $Enter figure here. | $Enter figure here. |
|  | Total for contracted services: | $Enter figure here. | $Enter figure here. | $Enter figure here. |

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

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| Type response here. |

### 3. Supplies & materials

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| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
| Enter text here. | Enter text here. | $Enter figure here. | $Enter figure here. | $Enter figure here. |
| Enter text here. | Enter text here. | $Enter figure here. | $Enter figure here. | $Enter figure here. |
|  | Total supplies & materials: | $Enter figure here. | $Enter figure here. | $Enter figure here. |

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

| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
| --- | --- | --- | --- | --- |
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| Enter text here. | Enter text here. | $Enter figure here. | $Enter figure here. | $Enter figure here. |
|  | Total for other charges: | $Enter figure here. | $Enter figure here. | $Enter figure here. |

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** |
| --- | --- | --- | --- | --- |
| Enter text here. | Enter text here. | $Enter figure here. | $Enter figure here. | $Enter figure here. |
| Enter text here. | Enter text here. | $Enter figure here. | $Enter figure here. | $Enter figure here. |
|  | Total for equipment: | $Enter figure here. | $Enter figure here. | $Enter figure here. |

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** |
| Enter text here. | Enter text here. | $Enter figure here. | $Enter figure here. | $Enter figure here. |
| Enter text here. | Enter text here. | $Enter figure here. | $Enter figure here. | $Enter figure here. |
|  | Total for transfers: | $Enter figure here. | $Enter figure here. | $Enter figure here. |

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. |

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| --- |
| **Total amount requested:** $ Enter total here.**Total in-kind funding:** $ Enter total here. |

# Appendix

* A [signed Recipient Assurances page](https://www.marylandpublicschools.org/about/Documents/Grants/GrantRecipientAssurances.pdf)
* A signed [Non-LEA/IHE Certification](http://test.msde.maryland.gov/programs/Documents/Special-Ed/rmmb/Grants/NonLSS/Non-LEA_IHE%20Assurances.docx) page
* A signed certifications page regarding [Lobbying, Debarment, Suspension, other responsibility matters, and Drug-free Workplace](http://test.msde.maryland.gov/programs/Documents/Special-Ed/rmmb/Grants/NonLSS/Certifications%20Lobbying_Debarment_Drug-free_Workplace.docx)
* A [signed C-1-25 MSDE budget form and Budget Detail](http://archives.marylandpublicschools.org/S/SpecialEd-RMMB/2022/C-1-25_Budget_pages_and_Amendment.xlsx)
* One-page resumes of key personnel
* 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)