



APPLICATION FOR PARTICIPATION

Specialized Training for Caregivers and Child Care Providers

Maryland State Department of Education

200 West Baltimore Street
Baltimore, Maryland 21201

Deadline

September 30, 2022
No later than 5:00 p.m. EST

MARYLAND STATE DEPARTMENT OF EDUCATION

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Proposal Cover Page (1 page)

Program name:

Name of contact person:

Title of contact person:

Address:

Address:

Phone number:

Email address:

Total amount requested: \$

Project description (not to exceed 100 words):

Type response here.

Head of Agency/Grantee Printed Name

Date

Head of Agency Grantee Signature

Date

Organizational Capacity & History of Training

Describe the ways in which the organization has engaged with the specialized training related to emergency preparedness in community child care programs or a similar applicable field.

Describe the specific strategies and work plan that includes clearly specified objectives, activities, timeline, evaluations, and components to be used to train and provide technical assistance to infant/toddler caregivers.

Summarize your project's expertise and proven strengths over the past three years. Include the use of pertinent research-based practices to develop strategies, how challenges have been addressed, the populations you have served as well as some data on goals met.

Please see the Grants Information Guide for instructions.

Type response here.

Plan of Operation

EXTENT OF NEED

Identify your understanding of the types of special need and emergency services training in the community you serve, the gaps in services and how your program can meet these gaps. Use local, state, and national data to support your programming.

Type response here.

GOALS, MEASURABLE OUTCOMES, AND MILESTONES

Communicate at least goals, measurable outcomes, and milestones of the program. Support your outcomes and strategies with cited research and data.

Goal #1:
Measurable Outcome:
Milestone:

**Add more rows if necessary*

PLAN OF OPERATION

Describe the specific strategies and work plan to be used to train and provide technical assistance to infant/toddler caregivers in the following areas:

Special Needs Training and Technical Assistance: Detail strategies and activities for delivery of training and technical assistance and identified special needs; applicants should specifically identify any training that provides for medical interventions.

Type response here.

Emergency Preparedness Training and Technical Assistance: Detail strategies and activities for delivery of training and technical assistance to child care providers on emergency preparedness basics. Applicants should include descriptions of how to prepare for and coordinate services after an emergency situation.

Type response here.

EVALUATION AND DISSEMINATION

Evaluation

Regular assessment is important to determine the effectiveness of the Specialized Training for Caregivers and Child Care Providers program. Describe in detail how your program will successfully provide training and technical assistance to participants.

Evaluation Measure	Goal
Number of Specialized Training Sessions Offered	
Number of Technical Assistance Sessions Provided	
Number of participants who completed training and technical assistance sessions.	
Pre- and Post-training assessments completed and percentage with passing grades	
Post training satisfaction surveys with follow up sessions	

Describe in detail what success will look like and the criteria that will be used to determine and measure success. Applicants should connect to identified goals and outcomes as appropriate.

Type response here.

Dissemination

Describe in detail how your program will disseminate evaluation results to major stakeholder groups and individuals with interest in your project. Please include specific information related to your program, such as training and technical assistance required, and existing or planned partnerships. This section should also provide timelines and methods of dissemination, such as reports or presentations. Describe your program's Marketing and Dissemination Activities using the following chart:

Marketing and Dissemination Activities	Goal
Partnership established to promote trainings	
Social Media platforms use to post trainings	
Communication with state networks, agencies, and programs (specify agency)	
Attendance at resource fairs and conferences (specify event)	
Information distributed (specify event/location, platform/agency, and delivery system)	

MANAGEMENT PLAN AND KEY PERSONNEL

The management plan clearly defines the roles, responsibilities, tasks, and deadlines of key contributors to make sure your plan for the Specialized Training for Caregivers and Child Care Providers Grant is a success. Ensure that all administrative and key personnel responsible for the successful implementation and monitoring of the grant requirements are captured here. Provide resume(s) as an appendix and use the chart below.

Management Plan Worksheet

Person Responsible	Title, Partner Organization	Responsibilities

**Add more rows if necessary*

PROJECT TIMELINE

Complete the project timeline below. See page 11 of the Grants Information Guide for more instructions.

Year 1 (August 15, 2022 – June 30, 2023)

Key Activities	Individual Responsible	Time Frame
Management Activity		
Implementation Activity		
Evaluation Activity		

**Add more rows if necessary*

Budget and Budget Narrative for year 1 (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. An MSDE [Grant Budget C-125](#) 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.

Type response here.

2. Contracted Services

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

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

Type response here.

3. Supplies & Materials

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

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

Type response here.

4. Fringe Benefits

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

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

Type response here.

5. Other charges

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

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

Type response here.

6. Equipment

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

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

Type response here.

7. Transfers (indirect costs)

Line item	Calculation	Requested	In-Kind	Total

Total for salaries & wages:			
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Using the space below, explain how the costs for transfers (indirect costs) above are necessary, reasonable, and cost-effective.

Type response here.
Total amount requested for year 1:

Appendix

The following Appendices must be included in the proposal for funding, but do not apply to the page limit of the Project Narrative.

- Proof that trainers possess a valid renewable MSDE Certificate of Approval.
- Resumes of Key Personnel: A one-page resume for each person playing a key role in the project, only information relevant to the project should be included.
- Letters of Commitment or MOU (if applicable) from community partnerships (i.e., child care programs, school districts, non-profit agencies, etc.).
- Job descriptions for any new positions that are created for this project (if applicable).
- Evidence of status of a [non-profit 501\(c\)\(3\) organization](#)
- A [signed C-1-25 MSDE budget form](#)
- A [signed recipient assurances page](#)