P12#y2

**Infant & Early Childhood Mental Health Support Services Program FY23**

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

Baltimore, Maryland 21201

**Deadline**June 27, 2022

No later than 5:00 pm EST

**APPLICATION FOR PARTICIPATION**

**MARYLAND STATE DEPARTMENT OF EDUCATION**

P6#y3P6#y2

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Secretary-Treasurer, Maryland State Board of Education

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

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Assistant State Superintendent, Division of Early Childhood Education

**Larry Hogan**Governor

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# Proposal Cover Page

Program name: Click or tap here to enter text.

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

Address: Click or tap here to enter text.

City: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

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

County in which services will be provided: Choose an item.

Total amount requested: $Click or tap here to enter text.

Project statement describing the program (not to exceed 100 words):

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| Type response here. |

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Head of Grantee Agency Printed Name Title

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

Head of Grantee Agency Signature Date

# Project Abstract (1-page limit)

Summarize the project for the reader, describing how the grant funds will be used to serve children and families, and how the program intends to promote positive mental and behavioral health practices for young children who have a developmental, social, emotional, or behavioral issue.

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| Type response here. |

# Statement of Need (1-page limit)

Identify a clearly defined problem and discuss the impact of the proposed program. Describe the needs to be addressed through the Infant & Early Childhood Mental Health Support Services Program. Document current or past efforts to address the problem to address the problem. Discuss the applicant’s history or expertise in dealing with the problem.

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| Type response here. |

# Program Capacity

Describe your history working with childcare, family childcare, Head Start and Judy Centers.

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| Type response here. |

Describe your history in providing consultation and professional learning that employs developmentally appropriate practices.

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| Type response here. |

Describe your history working with populations of students who are historically underserved.

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| Type response here. |

# Goals

Applicants must complete the chart below with program goals:

|  |
| --- |
| Goal 1: The number of children and families served will increase from \_\_\_\_\_\_ to \_\_\_\_\_\_\_, constituting an increase of \_\_\_\_\_\_\_\_% from last year. |

|  |
| --- |
| Goal 2: The number of programs served in the geographical location will increase from \_\_\_\_\_\_ to \_\_\_\_\_\_ constituting an increase of \_\_\_\_\_\_\_\_% from last year. |

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| Goal 3: The program will provide high-quality professional development to \_\_\_\_\_\_ caregivers to address challenging behaviors, constituting an increase of \_\_\_\_\_\_\_\_% families from last year. |

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| Goal 4: The program will provide high-quality professional development to \_\_\_\_\_\_ teachers who serve children in childcare settings. |

*\*Add more goals if necessary*

# Plan of Operation (3-page limit)

Describe the plan to expand reach in the community and increase the number of young children served who have developmental, social, emotional, or behavioral issues.

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| Type response here. |

Describe how referrals and services will be provided for children, families, teachers, and caregivers of the children it serves.

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| Type response here. |

Describe how the applicant will ensure that the children served have a stable and quality childcare program.

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| Type response here. |

As a part of the Infant & Early Childhood Mental Health Support Services program, training, coaching and mentoring must be provided to teachers and caregivers to address challenging behaviors. Identify the training below and explain how it is aligned with the [Pyramid Model](https://www.mdpyramidmodelsefel.org/) or [Conscious Discipline](https://consciousdiscipline.com/).

|  |
| --- |
| Type response here. |

Provide the schedule of training, coaching, and mentoring below.

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| Type response here. |

Community partnerships are an important part of providing mental health services to young children. Complete the chart below with a description of how a partnership with each of the following community resources are a part of the service delivery and outreach model.

|  |  |
| --- | --- |
| **Partner** | **Description of Partnership** |
| Judy Centers | Type response here. |
| Patty Centers | Type response here. |
| Head Start or Early Head Start Centers | Type response here. |
| Maryland Infants and Toddlers Program | Type response here. |
| Local Early Childhood Advisory Council (LECAC) | Type response here. |
| \*Other community stakeholders that serve children facing developmental, social, emotional, or behavioral health issues. | Type response here. |

\*Name the other community partnership or stakeholder.

Explain how the project aligns to the [statewide system development goals](https://earlychildhood.marylandpublicschools.org/system/files/filedepot/20/final.ecmh_report_08.08.19_final_1.pdf) for the infant and early childhood mental health system in Maryland.

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| Type response here. |

# Evaluation and Dissemination Plan

How will the applicant determine the success of the program?

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| Type response here. |

Describe how the evaluation results will be communicated to major stakeholders.

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| Type response here. |

# Management Plan and Key Personnel

Complete the chart below with a list of the staff or personnel responsible for the successful implementation and monitoring of the grant requirements, as well as provide a one-page resume for each key personnel as an appendix.

**Project Leaders**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Qualifications** | **Responsibilities** |
| Enter name | Enter title | Enter text | Enter text |
| Enter name | Enter title | Enter text | Enter text |

*\*Add more rows if necessary*

What plans are in place to ensure the project will continue if there are problems with staff turnover?

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| --- |
| Type response here. |

# Project Timeline

Applicants must provide a timeline for all proposed activities using the chart below:

|  |  |
| --- | --- |
| **Proposed Activities** | **Date of Implementation** |
| Type response here. | Click or tap to enter a date. |
| Type response here. | Click or tap to enter a date. |

*\*Add more rows if necessary*

# Integration with Early Childhood System and Strategic Plan (1-page limit)

Describe how the project aligns with the B3 initiative [strategic goals and objectives](https://www.b3maryland.org/strategicgoals) for the state of Maryland, as well as any other local efforts underway.

|  |
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| Type response here. |

# Sustainability Plan (1-page limit)

Describe the plans for the continuing the project beyond the funding cycle, and how partnerships will be maintained.

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| Type response here. |

# Equity Assurance (1-page limit)

Describe how the proposed project will support MSDE’s and the Division of Early Childhood’s commitment to implementing system development based on the four focus areas within Maryland’s [Guide to Educational Equity framework](https://marylandpublicschools.org/programs/Pages/EEE/index.aspx) (academic achievement & growth; leadership & human capital; school climate & culture; educator & staff capacity).

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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** |
| 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. | Click or tap here to enter text. |
|  | Total for salaries & wages: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
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| 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. |
|  | Total for contracted services: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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** |
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| 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. |
|  | Total supplies & materials: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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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| 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. |
|  | Total for other charges: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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** |
| 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. | Click or tap here to enter text. |
|  | Total for equipment: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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)

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| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
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| 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. |
|  | Total for transfers: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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. |
| Total amount requested: |

# Appendix

The following Appendices must be included in the application for funding:

* 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.
* Job description for any new positions that are created for this project. Please review the [Maryland Infant & Early Childhood Mental Health Support Services Program: Practice Standards and Recommendations guide.](https://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/md_iecmhss_standards_guidelines_3.5.2020_1_3.pdf)
* A [signed recipient assurances page.](https://www.marylandpublicschools.org/about/Documents/Grants/GrantRecipientAssurances.pdf)
* A [signed C-1-25 MSDE budget form](https://www.marylandpublicschools.org/about/Documents/Grants/GrantForms-12-10-2020.xls)
* Letters of commitment from your project partners (as appropriate).
* Letter of commitment or MOU with the Judy Center which is to include information pertaining to the Title I Public Elementary School and the childcare providers.