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**Maryland State Prekindergarten**

**Grant Program**

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

Baltimore, Maryland 21211

**Deadline**April 8, 2022

No later than 6:00 pm 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

**Steven Hicks**Assistant Superintendent, Division of Early Childhood

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

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Dr. Joan Mele-McCarthy

Rachel L. McCusker

Lori Morrow

Brigadier General Warner I. Sumpter (Ret.)

Holly C. Wilcox, Ph.D.

Kevin Bokoum (Student Member)

MARYLAND STATE BOARD OF EDUCATION

Table of Contents

[Proposal Cover Sheet 3](#_Toc96427958)

[Contact Information 4](#_Toc96427959)

[Prekindergarten Slots Requested 4](#_Toc96427960)

[For Private Providers 4](#_Toc96427961)

[For Head Start Programs 4](#_Toc96427962)

[Staffing and Site Selection 5](#_Toc96427963)

[Goals and Objectives 9](#_Toc96427964)

[Proposed Plan 9](#_Toc96427965)

[Evaluation Plan 11](#_Toc96427966)

[Program Management and Key Personnel 11](#_Toc96427967)

[Implementation Plan 12](#_Toc96427968)

[Collaboration and Sustainability 13](#_Toc96427969)

[Budget and Budget Narrative 14](#_Toc96427970)

[Appendix 16](#_Toc96427971)

[Assurances 18](#_Toc96427972)

[Request for Payment Advance 20](#_Toc96427973)

# Proposal Cover Sheet

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

Address: Click or tap here to enter text.

Click or tap here to enter text.

County in which the program is located: Choose an item.

Phone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

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

Note: Applicants may request $10,094 per full-day prekindergarten slot

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

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

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

Head of Program Printed Name Title

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

Head of Program Signature Date

# Contact Information

Designate a program contact for your program.

Contact name: Click or tap here to enter text.

Contact title at the program: Click or tap here to enter text.

Contact phone number: Click or tap here to enter text.

Contact email: Click or tap here to enter text.

Note for Head Start applicants: applicants must submit a letter of support from the Head Start funded grantee if the applicant is not the funded grantee.

# Prekindergarten Slots Requested

## For Private Providers

Private providers must use the following chart to indicate the number of prekindergarten slots being requested.

|  |  |  |
| --- | --- | --- |
| **Program Name** | **Number of full-day prekindergarten 3-year-old slots**  **2022-2023 school year** | **Number of full-day prekindergarten 4-year-old slots**  **2022-2023 school year** |
| 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 rows as necessary

## For Head Start Programs

Head Start programs must use the following chart to record the number of full-day prekindergarten slots you are requesting and respond to the questions that follow.

|  |  |  |
| --- | --- | --- |
| **Program Name** | **Number of full-day prekindergarten 3-year-old slots**  **2022-2023 school year** | **Number of full-day prekindergarten 4-year-old slots**  **2022-2023 school year** |
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1. How many federally funded slots are being supplemented with state funds? Click or tap here to enter text.
2. Of the total number of slots requested for the FY23 school year please identify an estimate of:
   1. Number of full-day 3-year-old slots: Click or tap here to enter text.
   2. Number of full-day 4-year-old slots: Click or tap here to enter text.
3. What is the amount per slot that you are requesting? (up to $13,000 per slot) Click or tap here to enter text.
4. Briefly describe how the state supplemental funds awarded under the Maryland State Prekindergarten Grant program will be used. (i.e. half-day to full-day, professional development, additional quality enhancements, etc.) This will be addressed more fully in the proposed plan.

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

# Staffing and Site Selection

The remainder of the proposal is required for all applicants.

Applicants must communicate the staffing of prekindergarten classrooms to ensure that classrooms are led by staff with high qualifications. By July 1, 2022, each classroom under this program must be staffed with a qualified lead teacher that either:

* holds a Maryland state certification for teaching in Early Childhood Education and is paid a salary that is commensurate to the salaries and benefits of instructional staff employed by the county board of the county in which the early learning program is located

and, if the classroom has more than 10 children enrolled, an Assistant Teacher, who:

* holds a minimum of a high school diploma

Complete the table on the next page.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program name** | **Address** | **Number of slots anticipated** | **Has a Lead Teacher been hired?** | **Lead Teacher salary or posted salary in job announcement** | **Has an Assistant Teacher been hired?** |
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\*Add rows as necessary

# Goals and Objectives

Applicants are required to identify clear goals and objectives that they hope their program achieves. Goals communicate the final impact or outcome the program will bring about. Objectives set standards of progress towards meeting the overall goal(s) of the program. Complete the table below with your program’s goals and objectives that align with the [Maryland Early Learning Standards](https://earlychildhood.marylandpublicschools.org/system/files/filedepot/4/msde-pedagogy-report-_appendix_2016.pdf) in early language and literacy, the science of reading, early mathematics, and social foundations. Be sure to include a target population, a date, the criterion(a) for success, and how it will be measured. (Two goals are not required.)

|  |
| --- |
| Goal #1: By Click or tap to enter a date., Click or tap here to enter text. |
| Objective: Click or tap here to enter text. |
| Objective: Click or tap here to enter text. |
| Objective: Click or tap here to enter text. |

*\*Add more rows if necessary*

|  |
| --- |
| Goal #2: By Click or tap to enter a date., Click or tap here to enter text. |
| Objective: Click or tap here to enter text. |
| Objective: Click or tap here to enter text. |
| Objective: Click or tap here to enter text. |

*\*Add more rows if necessary*

# Proposed Plan

1. Describe how the program will ensure that all eligible children are provided access to the program.

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

1. Identify the evidence-based curriculum that will be used for all age groups. Describe how instructional staff will be supported to ensure fidelity of implementation.

*Note: Local school systems may cite their district-approved curriculum that aligns with the Maryland College and Career Ready Standards.*

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

1. Describe the professional development (PD) activities that will be offered to instructional staff. Professional development activities must consist of 15 total hours and support school readiness, including alignment with the [Maryland Early Learning Standards](https://earlychildhood.marylandpublicschools.org/system/files/filedepot/4/msde-pedagogy-report-_appendix_2016.pdf) in early language and literacy, the science of reading, early mathematics, and social foundations.

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

1. Prekindergarten programs funded through this program are required to provide full-day instruction (at least 6.5 hours), 180 school days per year. Describe how the program will meet this requirement. If necessary, provide the program schedule, including hours of instruction.

*Note: Tuition may not be charged for the 6.5 hour day; tuition may be charged only for additional wrap around services when applicable.*

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

1. Programs are required to demonstrate implementation of evidence-based health and safety standards. Describe how both screening and referral services covering at least vision, hearing, speech and language, health, and physical development will be provided.

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

1. Programs must offer, either directly or through coordination with local school systems or local departments of health and social services, additional support services for prekindergarten families. These services may include parenting support or training including those with languages other than English, physical and mental health and wellness services, and early intervention for children with disabilities and/or special health care needs. Be specific in who will provide these services, and how prekindergarten families will be given access to them.

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

1. Programs that implement a robust parental engagement plan and that incorporate educational activities beyond the classroom into the program will be prioritized. Describe the program’s family engagement strategies in accordance with the [Maryland Early Childhood Family Engagement Framework](https://earlychildhood.marylandpublicschools.org/system/files/filedepot/4/md_fam_engage.pdf).

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

# Evaluation Plan

Applicants must have a program evaluation in place to ensure continuous program improvement. Grantees will be required to submit progress reports that are consistent with the program’s goals and objectives. What data and instruments will be used to monitor the quality of the program? How will this information be used to support continuous quality improvement? How will parents be informed about student progress and areas of concern? Grantees will be required to submit progress reports that are consistent with the program’s goals and objectives. Describe how program success will be determined.

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

# Program Management and Key Personnel

List all administrative key personnel responsible for the successful implementation and monitoring of the grant requirements and provide resume(s). Be sure to include the personnel responsible for instructional oversight (supporting the teachers) and a resume demonstrating that they are qualified to do so.

*Note: Please do not include resumes for teachers.*

|  |  |  |
| --- | --- | --- |
| **Personnel Name** | **Title at the Program** | **Responsibilities** |
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*\*Add more rows if necessary*

# Implementation Plan

Applicants must complete an implementation plan below that describes the activities that directly support the achievement of the goals proposed earlier in this application. Goals, strategies, and activities should support your proposed plan. If the applicant was previously funded, goals, strategies, and activities should reflect changes based on previous data.

|  |  |  |  |
| --- | --- | --- | --- |
| Goal #1: Click or tap here to enter text. | | | |
| Strategy: Click or tap here to enter text. | | | |
| Activities | Date started | Expected completion date | Person responsible |
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| --- | --- | --- | --- |
| Goal #2: Click or tap here to enter text. | | | |
| Strategy: Click or tap here to enter text. | | | |
| Activities | Date started | Expected completion date | Person responsible |
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*\*Add more rows if necessary*

# Collaboration and Sustainability

Applicants that have a long-term plan for sustainability and community and business partnerships, with matching funds to the extent possible, will be prioritized. List any applicable collaborating partners and their respective roles in the successful outcome of this project (i.e. libraries, business partnerships, Department of Social Services, mental health care organizations, Judy Center Early Learning Hub, Early Childhood Advisory Council, etc.).

|  |  |  |
| --- | --- | --- |
| **Business / Agency Name** | **Do they provide matching funds?** | **Responsibilities** |
|  |  |  |
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*\*Add more rows if necessary*

Describe the plan for sustainability using the partnerships outlined above.

|  |
| --- |
| 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. 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line item** | **Calculation** | **Requested** | **In-Kind** | **Total** |
| 1. Salaries & wages (list separately for each position. Lead Teacher salary must be commensurate with local school system salary. | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Subtotal for salaries & wages: | | | |  |
| 1. Contracted services | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Subtotal for contracted services: | | | |  |
| 1. Supplies & materials (including classroom furniture) | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Subtotal for supplies & materials: | | | |  |
| 1. Other charges (fringe costs, field trips, subscriptions, travel, etc.) | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Subtotal for other charges: | | | |  |
| 1. Equipment (e.g. technology) Technology must be no more than 10% of budget with MSDE approval | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Subtotal for equipment: | | | |  |
| 8. Transfers (indirect costs) | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
| Subtotal for transfers: | | | |  |
| Total amount requested: | | | |  |

*\*Add more rows if necessary*

# Appendix

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

* Works Cited: A works cited page is required for any sources that are cited in the proposal.
* Documentation demonstrating how families meet the income eligibility criteria according to the Federal Poverty Guidelines.
* Head Start Program programs only: Applicants must submit a letter of support from the Head Start Program-funded grantee, if the applicant is not the funded grantee.
* Resumes of Key Personnel: Include a one-page resume for each person playing a key role in the project. Only information relevant to the project should be included in the resume. Resumes for teachers are not necessary. Be sure to include the resume for the individual selected to provide instructional oversight.
* Evidence of lead teacher qualifications: must hold either a state certification in early childhood education or the job announcement showing credential requirement and salary.
* Evidence of assistant teacher credentials: documentation of at least high school diploma
* Accreditation certificate (if applicable).
* A completed and signed MSDE [Grant Budget C-125](https://www.marylandpublicschools.org/about/Documents/Grants/GrantForms-12-10-2020.xls) form.
* Signed assurances page.
* Request for advance payment (optional)

## Assurances

In order to be eligible to receive a grant payment for the Maryland State Prekindergarten Grant program, the applicant must agree to the following assurances and attestations. This page must only be signed by the applicant in their designated section.

|  |  |  |  |
| --- | --- | --- | --- |
| **Commitment of the Maryland State Department of Education (MSDE)** | | **Yes** | **No** |
| 1. | The MSDE will provide to applicants a dedicated staff member to serve as Program Support Specialist for the Prekindergarten Expansion Grant program. The Program Support Specialist will assist applicants, facilitate review of proposals, hold technical assistance meetings, assist in processing of the Notice of Grant Award (NOGA), monitor the progress of ongoing programs, and provide assistance and support as needed. |  |  |
| 2. | The MSDE will hold technical assistance meetings to support local education agencies and providers in jointly developing a plan for meeting the responsibilities in a Memorandum of Understanding (MOU). |  |  |  |
| 3. | The MSDE will ensure that the grant payments for approved prekindergarten funding are processed in a timely manner and delivered to the approved recipient. |  |  |  |

Signature of State Superintendent                                                                       Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Commitment of Local Education Agency (LEA)** | | **Yes** | **No** |  |
| 1. | The LEA commits to working with private providers to jointly develop a plan that will meet the provisions within the signed MOU). |  |  |  |
| 2. | The LEA will commit to facilitate the sharing of enrollment data to any third party, if applicable, to facilitate the enrollment process. |  |  |  |
| 3. | I understand that the LEA must serve the anticipated estimated total number of 3-year-olds and 4-year-olds stated on this application through June 30, 2023. The September 30, 2023, enrollment data (for school year 2022-23) submitted to MSDE must reflect at a minimum the number of 3-year-olds and 4-year-olds served in prekindergarten. |  |  |  |
| 4. | I understand that the LEA must have a plan in place in case a certified teacher cannot be placed in the full-day prekindergarten classroom by the start of the school year. |  |  |  |
| 5. | I understand that I can submit a modification request if the anticipated estimated prekindergarten enrollment figure deviates from what was anticipated. This modification request must be submitted to the MSDE no later than June 1, 2022. I understand that a request of decreased enrollment would also result in a reduction of funding. |  |  |  |

Signature of Local Education Agency Superintendent Date

 or Head of Agency

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Commitment of Private Provider** | | **Yes** | **No** |  |
| 1. | The private provider commits to working with the local education agency to jointly develop a plan that will meet the provisions within the signed MOU. |  |  |  |
| 2. | I understand that I can submit a modification request if the anticipated estimated prekindergarten enrollment figure deviates from what was anticipated. This modification request must be submitted to the MSDE no later than June 1, 2022. I understand that a request of decreased enrollment would also result in a reduction of funding. |  |  |  |

Signature of Private Provider Applicant                                                                                                Date

## Request for Payment Advance

A 15% advancement of the grant award amount will be issued upon request and all supporting receipts will be required. Applicants who are approved for funding and meet all grant requirements are eligible to receive a 15% advance upon request. Applicants requesting an advance must complete the following Request for Payment Advance and submit it with the application. Advance requests received after the application has been submitted will not be considered.

Date of request: Click or tap to enter a date.

Program name: Click or tap here to enter text.

Funding Source: Special Fund, the Blueprint for Maryland’s Future

Submitted by: Click or tap here to enter text.

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

Tax ID: Click or tap here to enter text.

Address: Click or tap here to enter text. City/State/Zip: Click or tap here to enter text.

|  |  |
| --- | --- |
| **Budget Category** | **Amount requested** |
| Salaries & wages | $ Click or tap here to enter text. |
| Contracted services | $ Click or tap here to enter text. |
| Supplies & materials | $ Click or tap here to enter text. |
| Other charges | $ Click or tap here to enter text. |
| Equipment | $ Click or tap here to enter text. |
| Transfers | $ Click or tap here to enter text. |
| Total requested: | $ Click or tap here to enter text. |
| Advance request amount (15% of total requested): | $ Click or tap here to enter text. |

Notes:

The payment advance request should be no greater than 15% of the approved grant award.

A 15% advancement of the grant award amount will be issued upon request and all supporting receipts will be required.

Payment advances are NOT automatic and must be requested as part of the application process.

Funds for payment advances are only available for disbursement if and when they are made available to MSDE by the funding agency; and will subsequently be disbursed only if your application is approved.

Payment advances may be billed once it is determined by the Grant Support Specialist that all grant requirements have been met and required documents received.

Payment advances must be limited to the minimum amounts needed and be timed to be in accordance with the actual, immediate cash requirements of the agency in carrying out the purpose of the approved program or project. The timing and amount of the advance payment must be as close as is administratively feasible to your actual disbursements for direct program or project costs and the proportionate share of any allowable indirect costs. Timely payment to contractors is required in accordance with the contract provisions. (see §200.305 (1)).

**CERTIFICATION OF PAYMENT ADVANCE**

By signing this request, I certify to the best of my knowledge and belief that:

1. I have read the regulations pertaining to the use and handling of the funds that will be advanced to my agency for the sole purpose of funding the activities of the approved program or project
2. I understand that this advance will be recuperated from future invoice payments until the full amount of the advance has been offset by the reporting of allowable expenditures.
3. I understand my agency’s responsibilities as outlined above
4. The information provided is true, complete, and accurate
5. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Printed name of recipient:

Signature of recipient:

Date:

|  |
| --- |
| **MSDE Use Only** |
| Grant Manager Approval:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Date  Fiscal Monitor Approval:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Date |