MARYLAND STATE DEPARTMENT OF
EDUCATION
EQUITY AND EXCELLENCE

APPLICATION FOR PARTICIPATION

Maryland Rebuilds Grant Opportunity Transforming Maryland's Early Childhood Education System for the Future

Maryland State Department of Education
200 West Baltimore Street
Baltimore, Maryland 21201

Deadline
November 10, 2022
No later than 11:59 p.m. EST

MARYLAND STATE DEPARTMENT OF EDUCATION

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Secretary-Treasurer, Maryland State Board of
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Merin Thomas (Student Member)

Table of Contents

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 and emailed to:

Andre Murray
Program Manager, Division of Early Childhood Education
(410) 767-0583
marylandrebuilds.msde@maryland.gov

Proposal Cover Page (1 page)

Full name of applicant (no abbreviations): Click here to enter text.

Address: Click here to enter text.

Click here to enter text.

Phone number: Click here to enter text.   Email: Click here to enter text.

Primary contact name: Click here to enter text.   Title: Click here to enter text.

Phone number: Click here to enter text.   Email: Click here to enter text.

Select the strategy addressed in this application: Choose an item.

Note: If the applicant wishes to apply to more than one strategy, a separate application must be completed for each strategy.

Total amount requested: Click here to enter text.

_____   _____

Head of Agency Printed Name   Title

_____   _____

Head of Agency Signature   Date

Planning Session Attendance

It is a requirement that applicants attend at least one general information session and one strategy information session. Complete the chart below with this information:

	Date attended	Name(s) and title(s) of representative(s) that attended
General Information Session	Click or tap to enter a date.	Click here to enter text.
Strategy Specific Session	Click or tap to enter a date.	Click here to enter text.

Project Summary (1 page limit)

Summarize the project for the reader in one page or less. Refer to the Grant Information Guide for further guidance.

Type response here.

Extent of Need

Provide a description of the challenges and difficulties that this project is designed to address and how it will help Maryland's early childhood system overcome them.

Type response here.

Evidence of Impact

Describe how the proposed plan and strategies being implemented are evidence-based and will lead to the desired impact. Include a description of your experience in terms of effective practices leading to the desired outcomes.

Type response here.

Goals

In the table below, set goals for your proposed program. Goals must align to at least one goal to one of [Maryland's statewide system development goals](#):

Program Goal	Maryland Statewide System Development Goal
Click here to enter text.	
Click here to enter text.	

Add more rows if necessary

Project Narrative (10-page limit)

PROPOSED ACTIVITIES

Describe the proposed activities and how they align to the specific strategy selected. Refer to the Grant Information Guide for guidance.

Type response here.

HISTORICALLY UNDERSERVED GROUPS

Describe how the proposed activities will increase participation and have a positive impact on historically underserved groups.

Type response here.

TIMELINE

Proposed Activities	Date of Implementation
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

Add more rows if necessary

MEASURING SUCCESS

Describe what success for this project would look like and what criteria will be used to determine success.

> Type response here.

KEY PERSONNEL AND MANAGEMENT PLAN

The management plan clearly defines the roles, responsibilities, tasks and deadlines of key contributors to make sure your program 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 one-page resume(s) for all key personnel in the appendix.

Key Personnel

Name	Title, Organization	Responsibilities
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Add more rows if necessary

Describe the plan for managing the implementation of the project.

Type response here.

ACCESSIBILITY STATEMENT

All deliverables must meet current Web Content Accessibility Guidelines (WCAG 2.1 Level AA) accessibility standards as outlined in Senate Bill 617. Describe how you will ensure that deliverables meet WCAG 2.1 Level AA standards.

Type response here.

Budget and Budget Narrative (no page limit)

The project's budget should detail all related project expenses in a separate itemized budget. It should demonstrate the extent to which the budget is reasonable, cost-effective, and integrates other sources of funding. All costs described in the project narrative should appear in the budget narrative and must have a corresponding entry in the itemized budget for that year.

Each line must be detailed and specific. General expenses should be broken down into specific line items. There is no page limit for the budget, and it does not count towards the ten page limit for the project narrative, so be as detailed as possible. Additional rows may be added to each table as necessary.

Notes:

For non-LEA applicants, indirect costs must not exceed 16.6%.

1. Salaries & Wages (list each position separately)

Line item	Calculation	Requested	In-Kind	Total
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Total for salaries & wages:	Click here to enter text.	Click here to enter text.	Click here to enter text.

Add more rows if necessary

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
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Total for contracted services:	Click here to enter text.	Click here to enter text.	Click here to enter text.

Add more rows if necessary

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
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Total supplies & materials:	Click here to enter text.	Click here to enter text.	Click here to enter text.

Add more rows if necessary

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

Type response here.

4. Other charges

Line item	Calculation	Requested	In-Kind	Total
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Total for other charges:	Click here to enter text.	Click here to enter text.	Click here to enter text.

Add more rows if necessary

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

Type response here.

5. Equipment

Line item	Calculation	Requested	In-Kind	Total
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Total for equipment:	Click here to enter text.	Click here to enter text.	Click here to enter text.

Add more rows if necessary

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

Type response here.

6. Transfers (indirect costs)

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

Add more rows if necessary

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: $ Click here to enter text.

Appendix

The following Appendices must be included in the application:

- A signed C-1-25 MSDE budget form
- A signed recipient assurances page
- One-page resumes for all key personnel
- Letters of support from any partners (if applicable)