

**FY23 Adult High School Pilot Program Grants**

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

Baltimore, Maryland 21201

**Deadline**September 23, 2022

No later than 5:00 p.m. EST

**APPLICATION FOR PARTICIPATION**



 **Mohammed Choudhury** State Superintendent of Schools
 Secretary-Treasurer, Maryland State Board of Education

**Dr. Deann M. Collins, Ed D**

Deputy Superintendent of Teaching and Learning

 **Justin Dayhoff**Assistant State Superintendent, Financial Planning, Operations, and Strategy

 **Larry Hogan**Governor



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

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Shawn D. Bartley, Esq.

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Chuen-Chin Bianca Chang

Vermelle Greene, Ph.D.

Jean C. Halle

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**

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Submission 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. Be sure to include the required attachments.

Required application components for the Adult High School Pilot Program Grant Program 2023 include:

1. Completion of the Grant Application Form (Microsoft Word document, saved to pdf), and
2. Submission of Required Attachments and Supporting Documentation (#1 – #3).

Email to Susan Spinnato at susan.spinnato@maryland.gov

Maryland State Department of Education

The application is due by 5:00 p.m. on September 23, 2022

#  Cover Page

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

Mailing Address: Click or tap here to enter text.

Amount of request for grant period (July 1, 2022 – June 30, 2023): $ Click here to enter amount.

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

UEI (Unique Entity Identifier) number: Click or tap here to enter number

Expiration date: Click or tap here to enter number.

|  |  |
| --- | --- |
| Project Director Name: Enter text here. | Title: Enter text here. |
| Email: Enter text here. | Phone: Enter text here. |
| Financial Contact Name: Enter text here. | Title: Enter text here. |
| Email: Enter text here. | Phone: Enter text here. |
| Grants Office Contact Name: Enter text here. | Title: Enter text here. |
| Email: Enter text here. | Phone: Enter text here. |

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Head of Agency Printed Name Title

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Head of Agency Signature Date

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# B. Program Requirements

**Evidence of Implementation**

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| **Requirements** | **Evidence of Implementation**  |
| **Enrollment** *(Adults must be 21 years of age or older)*  | Ages 21 and older *(Provide details regarding the process of age verification for all enrolled students)* |
|  |  |

*add more rows if necessary*

|  |  |
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| **Diploma Status** *(Does not have high school diploma)* | No high school diploma *(Provide details of verification process of student non-degree status)*  |
|  |  |

*add more rows if necessary*

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| **GEN/NEDP Status** | Did not complete GED testing or NED program requirements (*Provide details of verification process of student status of program completion)*  |
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*add more rows if necessary*

|  |  |
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| **Partnerships/Program** | Provide a description of collaborations with businesses and organizations (*Provide details of partnerships and collaborations with area businesses and organizations that provide job training, industry certifications. (etc.)*  |
|  |  |

*add more rows if necessary*

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| --- | --- |
| **# of Students Enrolled in Program** | Cannot exceed 350 students at any given time *(Provide details on student recruitment and/or enrollment processes, waiting list, increase/decrease enrollment).*  |
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*add more rows if necessary*

**Student Support Services**

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| --- | --- |
| **Requirements** | **Evidence of Implementation**  |

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| --- | --- |
| **Wrap Around Services**  (Partners/Collaborations) | Provide a listing of all wrap-around services offered *(emergency/community services; partnerships and collaborations with other organizations)*  |
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*add more rows if necessary*

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| **Evidence of Impact**  (Partners/Collaborations) | Provide a summary of the continuous evaluation and improvements designed to support students, teachers and community partners *(evaluation of community orgs and partners in determining met goals and program processes)*  |
|  |  |

*add more rows if necessary*

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| **Diploma Services**  | Provide description of process of distribution of diploma upon completion of program *(describe all requirements associated with student awards for course completion).*  |
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*add more rows if necessary*

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| **Advisory Committee** | AHSP applicants must describe the role and function of the advisory committee. A listing of current members is required as Attachment A *(Provide details on current Advisory Board members; details to increase/decrease membership).*  |
|  |  |

*add more rows if necessary*

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| **Admission Standards** | AHSP applicants must follow the age and diploma status requirements as stated in the grant information guide to earn a high school diploma and potentially earn post-secondary education credits and/or industry-recognized certification. *(Provide details regarding current admission standards as required).*  |
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*add more rows if necessary*

* Application Cover Page (limit 1 page)

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| Enter text here. |

# C. Project Narrative

* **Extent of Need**

Describe the conditions or needs to be addressed through the FY23 Adult High School Pilot Program Grant. Describe how the funds will address the problem and show how those efforts are effective.

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| Enter text here. |

* **Goals and Measurable Outcomes**

State the overall goal(s) of the FY23 Adult High School Pilot Program Grant. The goal(s) should address the main problem and the program requirements stated in HB 1381 (2017). For each goal statement, identify anticipated outcomes to be accomplished.

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| Goal #1: Enter text here.  |
| Measurable Outcome: Enter text here. |

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| Goal #2: Enter text here.  |
| Measurable Outcome: Enter text here. |

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| Goal #3: Enter text here.  |
| Measurable Outcome: Enter text here. |

*\*Add more rows if necessary*

* **Plan of Operation, Key Personnel and Timeline**

For each goal listed above, provide the activities and timeline.

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| --- | --- | --- |
| **Goal** | **Activities**  | **Timeline** |
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*\*Add more rows if necessary*

Describe how the activities being implemented are evidence-based.

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| Enter text here. |

Identify key personnel responsible for the operations supported by this funding including names, titles, roles, and responsibilities relative to plan implementation.

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| --- | --- | --- |
| **Name** | **Title** | **Roles & Responsibilities** |
| Enter text here. | Enter text here. | Enter text here. |
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| Enter text here. | Enter text here. | Enter text here. |

*\*Add more rows if necessary*

* **Evaluation Plan**

Grantees are required to submit annual evaluation reports and quarterly progress reports that are consistent with the project’s goals and outcomes. Describe how the program will be evaluated and results will be communicated to major stakeholders and individuals interested in the project.

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| Enter text here. |

# D. Budget Narrative

Please provide a description of the requested funds that will be spent by using the categories listed below. Add more rows if needed.

An MSDE  [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) must also be completed, signed, and submitted as an appendix.

1.  Salaries and Wages

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| Click or tap here to enter text. |

2.  Contracted Services

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| Click or tap here to enter text. |

3.  Supplies and Materials

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| Click or tap here to enter text. |

4.  Other Charges

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| Click or tap here to enter text. |

5.  Equipment

|  |
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| Click or tap here to enter text. |

# E. 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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| Enter text here. |

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# F. Attachments

* A [signed Recipient Assurances page](https://www.marylandpublicschools.org/about/Documents/Grants/GrantRecipientAssurances.pdf)
* 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)
* 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)