



## APPLICATION

# Kodem Kol Grant Program

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

**Deadline**  
January 27, 2023  
No later than 5:00 p.m. EST

**MARYLAND STATE DEPARTMENT OF EDUCATION**

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**Mohammed Choudhury**

State Superintendent of Schools  
Secretary-Treasurer, Maryland State Board of Education

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

Deputy Superintendent, Teaching and Learning

**Marcella Franczkowski**

Assistant State Superintendent, Division of Special  
Education and Early Intervention

**Larry Hogan**

Governor

**MARYLAND STATE BOARD OF EDUCATION**

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Shawn D. Bartley, Esq.

Gail Bates

Chuen-Chin Bianca Chang

Charles R. Dashiell, Jr., Esq.

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)

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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 Regional Technical Assistance Program include:

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

Email to Jamalden Gowans: [jamalden.gowans@maryland.gov](mailto:jamalden.gowans@maryland.gov)  
Maryland State Department of Education

The Operating Grant to Thread Application is due by 5:00 p.m. on January 27, 2023.

### A. Cover Page (1-page limit)

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 (September 1, 2022 – September 30, 2023): \$ Click here to enter amount.

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

UEI number: Click or tap here to enter number. Expiration date: Click or tap here to enter number.

<b>Project Director Name: Enter text here.</b>	<b>Title: Enter text here.</b>
Email: Enter text here.	Phone: Enter text here.
<b>Financial Contact Name: Enter text here.</b>	<b>Title: Enter text here.</b>
Email: Enter text here.	Phone: Enter text here.
<b>Grants Office Contact Name: Enter text here.</b>	<b>Title: Enter text here.</b>
Email: Enter text here.	Phone: Enter text here.

\_\_\_\_\_

Head of Agency Printed Name

\_\_\_\_\_

Title

\_\_\_\_\_

Head of Agency Signature

\_\_\_\_\_

Date

## B. Project Abstract (1-Page Limit)

Summarize the overall project and includes a description of impact as it relates to one or more of the high-leverage strategies. Please refer to the Grant Information Guide for additional detail.

Type response here.

## C. Statement of Need (1-Page Limit)

Provide a description of the proposed activities and how they will address the problem, root cause factor(s) and result in improved outcomes for children and youth with disabilities, and their families and/or their service providers.

Type response here.

## D. Evidence of Impact (1-Page Limit)

Describe how the proposed activities will address the problem and root cause factor(s), and result in improved outcomes for families of children with disabilities (birth to 5), educators, and service providers. Please refer to the Grant Information Guide for additional detail.

Type response here.

## E. Goals, Outcomes, and Strategies (1-Page Limit)

State the overall goals of the Regional Technical Assistance Centers Program Grant. Please refer to the Grant Information Guide for additional detail.

Type response here.

## F. Goals, Outcomes, and Strategies (1-Page Limit)

Describe how the proposed plan and strategies being implemented are evidence-based and will lead to the desired impact. Please refer to the Grant Information Guide for additional detail.

Type response here.

## F. Benchmarks (1-Page Limit)

Provide benchmarks to measure quantifiable changes related to child, student, family outcomes and/or professional practices. Please refer to the Grant Information Guide for additional detail and make use of the template table.

Type response here.

Benchmark / Outcome: How will it be known that progress is made?	Data: What data will be used to measure progress?	Frequency: How often will benchmark data be collected?	Evaluator: Who is responsible for conducting the evaluation?

*\*Add more rows and tables if necessary*

### G. Project Narrative (2-Page Limit)

Kodem Kol must provide a description of the proposed activities and how they will address the problem and result in improved outcomes for children and youth with disabilities, and their families and/or their service providers. Please refer to the Grant Information Guide for additional detail and make use of the template table.

Type response here.
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Key Activities	Individual Responsible	Time Frame
Management Activity		
Implementation Activity		
Evaluation Activity		

*\*Add more rows and tables if necessary*

### I. Implementation Team (1-Page Limit)

Provide a list of the key staff or personnel responsible for the successful implementation and monitoring of the grant requirements. Please refer to the Grant Information Guide for additional detail and make use of the template table.

Type response here.

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

*\*Add more rows and tables if necessary*

### J. Evaluation and Report Plan (1-Page Limit)

Describe what success will look like and the criteria that will be used to determine and measure success. Additionally, describe how the expanded services provided will be communicated as well as how the evaluation results will be disseminated to major stakeholders and individuals interested in the project. Please refer to the Grant Information Guide below and make use of the template table below.

Type response here

Evaluation Measure	Goal

*\*Add more rows and tables if necessary*

### K. Accessibility Plan (1-Page Limit)

Provide a narrative detailing how the applicant will ensure that programs and projects offering paper, web or technology-based instructional products or programs funded in part or total through this grant operate in compliance with [Section 508 of the Federal Rehabilitation Act of 1973](#). The narrative must include documentation of the accessibility criteria embedded within the proposed products.

Type response here.

### K. General Education Provisions Act (GEPA), Section 427

Section 427 of the U. S. Department of Education's General Education Provisions Act ([GEPA](#)) requires any applicant receiving federal funds to include in its application a statement that includes the steps the applicant proposes to take to ensure equitable access to and participation in its federally assisted program for learners, teachers, and other program beneficiaries with special needs. The GEPA allows applicants' discretion in developing the required statement. The statute highlights six (6) types of barriers that can impede equitable access or participation: gender, race, national origin, color, disability, or age.

Type response here.

### L. Budget and Budget Narrative (2-Page Limit)

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. Please refer to the Grant Information Guide below and make use of the template table below.

Line item	Calculation	Requested	In-Kind	Total
	Total for Salaries & Wages:			

*\*Add more rows and tables if necessary*



## E. Attachments

- A [signed Recipient Assurances page](#)
- A signed [Non-LEA/IHE Certification](#) page
- A signed certifications page regarding [Lobbying, Debarment, Suspension, other responsibility matters, and Drug-free Workplace](#)
- A [signed C-1-25 MSDE budget form](#)
- One-page resumes of key personnel
- A copy of the [W-9 Form](#) (Applicable for first time grant applicants and/or grantees requiring a change of address/contact)