

# **APPENDIX B. PROPOSAL FORMS**

**MARYLAND HIGHER EDUCATION COMMISSION  
COLLEGE PREPARATION INTERVENTION PROGRAM**

**FY 2022 PROPOSAL COVER SHEET**

**Lead Applicant Institution/Organization:** \_\_\_\_\_

**Title of Project:** \_\_\_\_\_

**Partnership Members:** LEA DISTRICT Site: \_\_\_\_\_

Schools Served: \_\_\_\_\_

Other partner institutions, organizations, or private companies: \_\_\_\_\_

**Project Director(s):** \_\_\_\_\_ Campus Telephone: \_\_\_\_\_

FAX Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Campus Mailing Address: \_\_\_\_\_

**Grants Office Contact Name & Title (post award):** \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Campus Mailing Address: \_\_\_\_\_

**Finance or Business Office Contact Name & Title:** \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Campus Mailing Address: \_\_\_\_\_

**Certification by authorizing official (V.P. level or above):**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

## **Abstract**

### **FY 2022 College Preparation Intervention Program Grant**

**Lead Institution:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**In 250 words or less, describe (for an educated general audience) your project activities.**

**(Note that this may be reproduced as is or edited by MHEC staff for inclusion in press releases and other publications describing the grant program.)**

**ADVISORY COMMITTEE MEMBERS**

**KEY PERSONNEL** (Before typing, duplicate this page for as many entries as needed). Complete the list of the key personnel who are responsible for planning and/or implementing the College Preparation Intervention Program (CPIP) such as secondary and postsecondary faculty, educators and administrators, school counselors and admissions officers, and others as appropriate. Use this template and insert all information for each entry. Under "Type of Member" please check all boxes that apply, especially for those who also serve on the Advisory Committee. Note: Their names do not have to be repeated on the list of Advisory Committee Members. Please provide resumes for all Key Personnel.

1 <sup>st</sup> Entry here is the LEA school site Liaison		1 <sup>st</sup> Entry here is the Postsecondary Liaison	
Name:		Name:	
Title:		Title:	
Affiliation:		Affiliation:	
Type of Member: (Place an "X" in all boxes that apply)	<input type="checkbox"/> Secondary <input type="checkbox"/> Postsecondary <input type="checkbox"/> Other: (Specify) <input type="checkbox"/> Also on Advisory Committee	Type of Member: (Place an "X" in all boxes that apply)	<input type="checkbox"/> Secondary <input type="checkbox"/> Postsecondary <input type="checkbox"/> Other: (Specify) <input type="checkbox"/> Also on Advisory Committee
Role or Expertise:		Role or Expertise	
Name:		Name:	
Title:		Title:	
Affiliation:		Affiliation:	
Type of Member: (Place an "X" in all boxes that apply)	<input type="checkbox"/> Secondary <input type="checkbox"/> Postsecondary <input type="checkbox"/> Other: (Specify) <input type="checkbox"/> Also on Advisory Committee	Type of Member: (Place an "X" in all boxes that apply)	<input type="checkbox"/> Secondary <input type="checkbox"/> Postsecondary <input type="checkbox"/> Other: (Specify) <input type="checkbox"/> Also on Advisory Committee
Role or Expertise:		Role or Expertise	
Name:		Name:	
Title:		Title:	
Affiliation:		Affiliation:	
Type of Member: (Place an "X" in all boxes that apply)	<input type="checkbox"/> Secondary <input type="checkbox"/> Postsecondary <input type="checkbox"/> Other: (Specify) <input type="checkbox"/> Also on Advisory Committee	Type of Member: (Place an "X" in all boxes that apply)	<input type="checkbox"/> Secondary <input type="checkbox"/> Postsecondary <input type="checkbox"/> Other: (Specify) <input type="checkbox"/> Also on Advisory Committee
Role or Expertise:		Role or Expertise	
Name:		Name:	
Title:		Title:	
Affiliation:		Affiliation:	
Type of Member: (Place an "X" in all boxes that apply)	<input type="checkbox"/> Secondary <input type="checkbox"/> Postsecondary <input type="checkbox"/> Other: (Specify) <input type="checkbox"/> Also on Advisory Committee	Type of Member: (Place an "X" in all boxes that apply)	<input type="checkbox"/> Secondary <input type="checkbox"/> Postsecondary <input type="checkbox"/> Other: (Specify) <input type="checkbox"/> Also on Advisory Committee
Role or Expertise:		Role or Expertise	
Name:		Name:	
Title:		Title:	
Affiliation:		Affiliation:	
Type of Member: (Place an "X" in all boxes that apply)	<input type="checkbox"/> Secondary <input type="checkbox"/> Postsecondary <input type="checkbox"/> Other: (Specify) <input type="checkbox"/> Also on Advisory Committee	Type of Member: (Place an "X" in all boxes that apply)	<input type="checkbox"/> Secondary <input type="checkbox"/> Postsecondary <input type="checkbox"/> Other: (Specify) <input type="checkbox"/> Also on Advisory Committee

Complete the list of the Program Advisory Committee members. Members included maybe from secondary and postsecondary academic faculty, educators; school counselors and admissions officers; members of labor organizations and the business community, representatives from economic and workforce development; and other stakeholders as deemed appropriate. Include all of the information requested for each entry. Use this template to ensure that all information is provided (Before typing, duplicate this page for as many members as needed).

<b>1<sup>st</sup> Entry here is the Chairperson of the Advisory Committee</b>			
<b>Name:</b>		<b>Name:</b>	
<b>Title:</b>		<b>Title:</b>	
<b>Affiliation:</b>		<b>Affiliation:</b>	
Role or Expertise:		Role or Expertise	
Name:		Name:	
Title:		Title:	
Affiliation:		Affiliation:	
Role or Expertise:		Role or Expertise	
Name:		Name:	
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Affiliation:		Affiliation:	
Role or Expertise:		Role or Expertise	
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Role or Expertise:		Role or Expertise	
Name:		Name:	
Title:		Title:	
Affiliation:		Affiliation:	
Role or Expertise:		Role or Expertise	
Name:		Name:	
Title:		Title:	
Affiliation:		Affiliation:	
Role or Expertise:		Role or Expertise	

**BUDGET SUMMARY (use this Excel format)**  
**CPIP College Preparation & Intervention Program FY 2022**

**Higher Education Institution:** \_\_\_\_\_

**Project Number:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

SOURCE OF FUNDS				
	COLUMN 1 *CPIP FUNDS REQUESTED	COLUMN 2 **INSTITUTION CONTRIBUTIONS	COLUMN 3 ***OTHER CONTRIBUTIONS	COLUMN 4 TOTALS
A. Salaries & Wages				
Professional Personnel	[List each by name followed by title in brackets]			
1				
2				
3				
4				
Other Personnel (list categories & # of each in brackets)				
5. [ ]				
6. [ ]				
7. [ ]				
8. [ ]				
Total Salaries and Wages				
B. Fringe Benefits				
C. Travel				
D. Equipment				
1				
2				
E. Materials and Supplies				
F. Consultant and Contractual Services				
G. Other (specify)				
1				
2				
H. Total Direct Costs (A through G)				
I. Total Indirect Costs (max. 8% of H)				
J. Total (H and I)				

\*Include all grant-funded expenses.

\*\*Include any contributions from applicant institution in this column. Include both cash and in-kind contributions, distinguishing in the budget narrative which type of contribution is provided for a given item.

\*\*\*Include any contributions from other partners in the grant project in this column.

**BUDGET NARRATIVE (use this format)**

**FY 2022 College Preparation Intervention Program Grant Proposal (MHEC)**

**Applicant Institution & Project Title:** \_\_\_\_\_

*[Provide justification for each line of the budget summary, as outlined in the RFP.]*

**A. Salaries & Wages**

Ex.: *Professional Personnel:*

1. Dr. Jill Smith [Project Director] will spend 10% of her time in project activities during the 2021-22 academic year. Maryland State University requests for this time only the amount it will cost the university to pay an adjunct to replace Dr. Smith in one course. Request = \$5,000

*Column 2:* The University will contribute the difference between the \$4,500 requested and 10% of Dr. Smith's 10 month salary as in-kind cost share valued at \$7,500. Match = \$2,500

*Other Personnel:*

1. Administrative Assistant (1): Request = \$12.00/hour x 5 hours/week x 52 weeks = \$3,120

*Column 2:* Maryland State Univ. will provide release time for a database programmer (1) to help develop and maintain a database for the project: \$27/hr. x 2 hrs. /wk. x 26 wks. Match = \$1,404

**B. Fringe Benefits**

Ex.: 1. Fringe benefits for Dr. Smith and the administrative assistant are calculated at 32%  
Request = \$10,620 x .32 = \$3,398.40

**C. Travel**

Ex.: Travel for CPIP project director to LEA district school site for six lessons for students  
Request = \$0.56 **cents** per mile x 6 trips x 60 miles/trip = \$198.00

**D. Equipment**

Ex.: Desktop computer for students' use in after-school writing lab at school site

*Column 3:* \$500 assessed value as provided by ABCville Chamber of Commerce (donor)

**E. Materials and Supplies**

Ex.: Study Company! Math Software for students' use during summer campus-based academic camp and follow-up use (site license will be held by LEA DISTRICT high school)

Request = \$2,100/software package with site license for use on 6-10 CPUs = \$2,100

**F. Consultant and Contractual Services**

Ex.: Instructional Technology consultant to be hired to assist college faculty with development of integrated PowerPoint presentation, website upload of the presentation, and related classroom materials; one-hour introduction and two follow-up sessions of 3 hours each (see timeline); hourly fee of \$65

Request = 7 hours x \$65/hour = \$455

**G. Other**

Ex. Snacks for 6 Saturday workshops (50 students, 5 undergraduate assistants, 5 staff)

Request = \$3/participant/day x 6 days x 60 participants = \$1,080

**H. Total Direct Costs** = [Item H, column 1 ONLY] = \$15,351.40

**I. Indirect Costs** = 8% x \$15,351.40 = \$1,228.11

**J. Total Cost [column 1 total is the grant request]**

## **ASSURANCES**

The Applicant hereby affirms and certifies that it will comply with all applicable regulations, policies, guidelines, and requirements of the Maryland Higher Education Commission (MHEC) and the State of Maryland as they relate to the proposal, acceptance, and use of College Preparation Intervention Program funds in this project. Also, the Applicant affirms and certifies that:

1. It possesses legal authority to apply for the grant; e.g., an official act of the applicant's governing body has been duly adopted or passed, authorizing filing of the proposal, including all understandings and assurances contained therein and directing and authorizing the person identified as the official representative of the proposal and to provide such additional information as may be required.
2. It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) prohibiting employment discrimination where discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the grant-aided activity.
3. It will enter into formalized agreement(s) with the local education agency or agencies (LEAS) named in the proposal in the area(s) of proposed service, as well as with other members of the collaborative, where applicable.
4. It will expend funds to supplement new and/or existing programs and not use these funds to supplant non-grant funds.
5. It will participate in any statewide assessment program or other evaluation program as required by the MHEC.
6. It will give the MHEC and/or the Legislative Auditor, through any authorized representative, the right of access to, and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the MHEC concerning special requirements of the law and other administrative requirements.

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Institution

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Signature of Authorized Institutional Authority

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Name and Title, Printed

Date



**COOPERATIVE PLANNING AGREEMENT  
Between**

\_\_\_\_\_ and the participating partners  
(Name of institution submitting proposal)

in the College Preparation Intervention Program (CPIP).

This cooperative planning agreement reflects the commitment of each partner to the grant project, including the specific responsibilities and roles each one bears if the grant is awarded.

The undersigned agree to abide by the conditions of the proposal.

Required Partners for Eligibility:

**(1) College or University applicant (proposed project director/coordinator):**

\_\_\_\_\_

This partner will provide ***[summarize the services/activities etc. that the university/college representatives will provide]***:

Name & Title (print):

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(2) Authorized SCHOOL DISTRICT Superintendent/CEO: \_\_\_\_\_**

This partner will provide ***[summarize the responsibilities and duties the LEA SCHOOL DISTRICT will provide to support the CPIP project]***:

Name & Title (print):

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(3) \_\_\_\_\_ LEA COORDINATOR: \_\_\_\_\_**

This partner will provide ***[summarize the responsibilities and duties the LEA OF CONTACT will provide to support the CPIP project]***:

Name & Title (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(4) \_\_\_\_\_ High School Principal: \_\_\_\_\_

This partner will provide ***[summarize the support the middle school principal will provide to the CPIP project.]***

Name & Title (print):  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Partners (name each, summarize each one's role/responsibilities, and obtain the appropriate authorized signature from each entity):**

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

Name & Title (print):  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(These pages may be duplicated or reproduced; all signatures do not have to be on the same page if each partner's role is summarized on the form prior to signature. Additional pages should be added to include additional partners (e.g. high school principal*