



# Next Generation Scholars of Maryland

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State Fiscal Year 2026

**Maryland Higher Education Commission**  
217 East Redwood St. Suite 2100  
Baltimore, Maryland 21202

**Deadline**  
July 1, 2025  
No later than 5:00 p.m. EDT

**MARYLAND HIGHER EDUCATION COMMISSION**

**Sanjay Rai, Ph.D.**

Secretary of Maryland Higher Education Commission

**Elena Quiroz-Livanis**

Deputy Secretary of Maryland Higher Education Commission

**Tiffany Majors**

Chief of Staff to the Secretary of Maryland Higher Education Commission, and Grants Officer

**Wes Moore**

Governor

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Praise Alayode, Student Commissioner

**Wes Moore**, Governor

**Aruna Miller**, Lt. Governor

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## Instructions

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1. Complete this application electronically by typing directly into the fillable fields and charts.
2. Do not alter or remove sections.
3. When finished, save the application document as a pdf to your computer and obtain appropriate signatures.
4. The signed and completed application should be saved as a single pdf document and emailed as an attachment to [tiffany.majors1@maryland.gov](mailto:tiffany.majors1@maryland.gov) with the subject "NGS FY26 Submission".

Proposal Cover Page

Nonprofit Organization Name:

Address:

UEI Number:

Employer/Taxpayer Identification Number (EIN/TIN):

Name of Contact Person:

Contact Person Phone:

Contact Person Email:

Names of Project Partners:

Provide the names of the schools that will be served by the proposed program:

Local Education Agency	School Name	Service Locations: School and/or Community Site	Proposed Number of Students to be Served

*\*Add more rows as needed.*

Times of Program Operation:

- School Year
  - ☐ After School
  - ☐ Before School
  - ☐ Weekends

Days of the week: \_\_\_\_\_

- Summer

Days of the week: \_\_\_\_\_

Amount of the request for FY26:

\$

(Should agree with Proposed Budget)

Per Student Expenditures:

Funding requested: \$                      ÷ Total number of students to be served :                      = Cost per student: \$

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Signature of Contact Person	Date
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Printed Name of Contact Person	Title
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Signature of Head of Nonprofit Organization	Date
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Printed Name of Head of Nonprofit Organization	Name
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# Project Narrative

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## PROJECT ABSTRACT

In the Project Abstract, introduce the project to the reader. The abstract should be factual, brief, and focused on the organization’s efforts. Do not assume the reader is familiar with the proposed project. The project abstract should cover the core aspects of the proposed project, such as the populations served, a brief description of the goals, the strategies to meet them, and the roles of the partners.

## EXTENT OF NEED

Refer to the grant information guide, page 5, for a full description of what should be included here.

## EVIDENCE OF IMPACT

Refer to the grant information guide, page 6, for a full description of what should be included here.

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**GOALS, MEASURABLE OUTCOMES AND MILESTONES**

Applicants must include at least one goal for each of the required components of the Next Generation Scholars Program: high school graduation plan, summer work or internship opportunities, financial aid literacy assistance, career and interest assessments, mentorship and one-on-one counseling, visits to college campuses and workplaces, an intensive summer bridge programs for students entering an institution of higher education directly from high school, a plan for outreach and registration of new students, and a plan to matriculate and graduate from an institution of higher education. Refer to the grant information guide, page 6, for additional guidance.

<b>Financial Aid Goal:</b>
<b>Outcome(s):</b>
<b>Milestone(s):</b>

<b>Goal:</b>
<b>Outcome(s):</b>



<b>Milestone(s):</b>
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<b>Goal:</b>
<b>Outcome(s):</b>
<b>Milestone(s):</b>

*\*Add more tables for additional goals.*

MANAGEMENT PLAN

Refer to the grant information guide, page 7, for additional guidance.

Management Plan Worksheet

Key Activities	Individual Responsible	Time Frame

EVALUATION AND DISSEMINATION

Grantees are required to submit an interim progress report that is consistent with the project’s goal and objective(s). Keep in mind that the final evaluation summary will consider the entire project, beginning to end it should not be viewed as what is done after the project’s completion, but as an integral element in the project’s planning, design, and implementation. An effective ongoing plan that evaluates milestones quarterly helps project staff to make informed decisions about needed changes.

Provide performance measures for each goal:

Performance Measure(s)	Goal


**BUDGET AND BUDGET NARRATIVE**

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. Reviewers should be able to see a clear connection between the management plan and the budget line items. Note: When completing this section, refer to Use of Funds, page 5, and Budget and Budget Narrative, pages 8-9, sections in the Grant Information Guide.

**BUDGET NARRATIVE**

Salaries and Wages
Contracted Services
Supplies and Materials
Other Charges
Equipment
Transfers (Indirect Costs)

**ITEMIZED BUDGET**

Please provide a detailed description of the requested funds by using the categories listed below. Add more rows if needed. A Grant Budget form must also be completed and submitted as an appendix.

**Salaries and Wages (list separately for each position)**

Line item	Calculation	Requested	In-Kind	Total
TOTAL FOR SALARIES & WAGES:				

Contracted Services

Line item	Calculation	Requested	In-Kind	Total

TOTAL FOR CONTRACTED SERVICES:			
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Supplies & Materials

Line item	Calculation	Requested	In-Kind	Total
TOTAL FOR SUPPLIES & MATERIALS:				

Other Charges

Line item	Calculation	Requested	In-Kind	Total

TOTAL FOR OTHER CHARGES:			
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Equipment

Line item	Calculation	Requested	In-Kind	Total
TOTAL FOR EQUIPMENT:				

Transfers

Line item	Calculation	Requested	In-Kind	Total

TOTAL FOR TRANSFERS:			
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Total Amount Requested

Total Amount Requested
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## Appendices

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The following appendices must be included:

- Appendix A: Cover Page
- Appendix B: Budget form and Narrative signed
- Appendix C: Statement of Assurances
- Appendix D: Evidence of status of a nonprofit 501©3 organization
- Appendix E: Key Personnel Resumes



## **Appendix A**

### **Cover Sheet**

## NEXT GENERATION SCHOLARS GRANT

Institution:

UEI Number:

Program Director Name and Title:

Campus Telephone:

FAX Number:

Email Address:

Campus Mailing Address:

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Grants Office Post-Award Officer Name and Title:

Email Address:

Phone Number:

Campus Mailing Address:

---

Finance or Business Office Contact Name and Title:

Email Address:

Phone Number:

Campus Mailing Address:

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Certification by authorizing official Name and Title (V.P. level or above):

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

**Appendix B:**  
**Budget Form and Narrative Signed**

ORIGINAL GRANT BUDGET		AMENDED BUDGET #		REQUEST DATE	
GRANT NAME		GRANT RECIPIENT NAME			
REVENUE SOURCE		RECIPIENT AGENCY NAME			
FUND SOURCE CODE		GRANT PERIOD	FROM _____ TO _____		

CATEGORY/PROGRAM	BUDGET OBJECT						
	01- SALARIES & WAGES	02 - CONTRACT SERVICES	03- SUPPLIES & MATERIALS	04 - OTHER CHARGES	05 - EQUIPMENT	08 - TRANSFERS	BUDGET BY CAT./PROG.
<b>201 Administration</b>							
Prog. 21 General Support							0.00
Prog. 22 Business Support							0.00
Prog. 23 Centralized Support							0.00
<b>202 Mid-Level Administration</b>							
Prog. 15 Office of the Principal							0.00
Prog. 16 Inst. Admin. & Supv.							0.00
<b>203-205 Instruction Categories</b>							
Prog. 01 Regular Prog.							0.00
Prog. 02 Special Prog.							0.00
Prog. 03 Career & Tech Prog.							0.00
Prog. 04 Gifted & Talented Prog.							0.00
Prog. 07 Non Public Programs							0.00
Prog. 08 School Library Media							0.00
Prog. 09 Instructional Staff Dev.							0.00
Prog. 10 Guidance Services							0.00
Prog. 11 Psychological Services							0.00
Prog. 12 Adult Education							0.00
<b>206 Special Education</b>							
Prog. 04 Public Sch Instr. Prog.							0.00
Prog. 06 Educ. Prog. In State Institution							0.00
Prog. 07 Non Public Programs							0.00
Prog. 09 Instructional Staff Dev.							0.00
Prog. 15 Office of the Principal							0.00
Prog. 16 Inst. Admin & Superv.							0.00
<b>207 Student Personnel Serv.</b>							0.00
<b>208 Student Health Services</b>							0.00
<b>209 Student Transportation</b>							0.00
<b>210 Operation of Plant</b>							
Prog. 30 Warehousing & Distr.							0.00
Prog. 31 Operating Services							0.00
<b>211 Maintenance of Plant</b>							0.00
<b>212 Fixed Charges</b>							0.00
<b>213 Food Services</b>							0.00
<b>214 Community Services</b>							0.00
<b>215 Capital Outlay</b>							
Prog. 34 Land & Improvements							0.00
Prog. 35 Buildings & Additions							0.00
Prog. 36 Remodeling							0.00
<b>Total Expenditures By Object</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Finance Official Approval				
	Name	Signature	Date	Telephone #
Supt./Agency Head Approval				
	Name	Signature	Date	Telephone #
MHEC Grant Manager Approval				
	Name	Signature	Date	Telephone #

## **Appendix C**

### **Assurances**

**MARYLAND HIGHER EDUCATION NEXT GENERATION SCHOLRS GRANT**

**STATEMENT OF 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 application, acceptance, and use of Maryland Higher Education Outreach and College Access Program funds. 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 application, including all understandings and assurances contained therein and directing and authorizing the person identified as the official representative of the application 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 comply with the provisions of the Americans with Disabilities Act and any and all amendments to the ADA.
4. It will expend funds to supplement new and/or existing programs and not use these funds to supplant non-grant funds or for any purpose other than those specified in this grant.
5. It will participate in any statewide assessment program or other evaluation program as required by MHEC.
6. It will give MHEC and/or a representative from the Office of Legislative Audits, through any authorized representative, the right of access to, and the right to examine all records, books, papers, or documents related to the grant. It will maintain all records pertaining to this grant for a period of five (5) years.
7. It will comply with all requirements imposed by MHEC concerning special requirements of law and other administrative requirements.

Organization: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Official (President, VP level, or above)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title, Printed