

# **APPENDIX D. PROPOSAL FORMS**

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

**FY 2020 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 2020 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.)**

**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 GEAR UP 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

**ADVISORY COMMITTEE MEMBERS**

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:	
Title:		Title:	
Affiliation:		Affiliation:	
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 NARRATIVE (use this format)**  
**FY 2020 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 2018-19 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 GEAR UP 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 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

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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 GEAR UP COORDINATOR: \_\_\_\_\_

This partner will provide *[summarize the responsibilities and duties the LEA GEAR UP POINT 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 principals.)*

Table 1. Plan of Operation Sample Table for One Activity – Provide a short narrative and a Table for each activity with the Objectives and Outcomes (use this format for the table)

<b>Direct Academic Services to ABC High School Students</b>						
<b>Objective:</b> To provide opportunities for 10th gr. students at ABC High School to attend remedial mathematics and English/language arts support to increase baseline assessment scores.						
<b>Projected Outcome:</b> By the end of May 2020, 260 12 <sup>th</sup> gr. students will have had three opportunities to participate in remedial mathematics and English/language arts classes at their GEAR UP school site. Of the 260 12 <sup>th</sup> gr. students, 60% will increase their pretest baseline scores by 5 to 10 points by the end of the classes.						
<b>Activity Description</b>	<b>Implementation Process</b>	<b>Activity Date</b>	<b>Expected Participants, Per Session</b>	<b>Evaluation Plan</b>	<b>Date (s)</b>	<b>Person (s) Responsible</b>
Remedial Classes	<ol style="list-style-type: none"> <li>1. Hold information session for parents and students</li> <li>2. Identify students who need remediation</li> <li>3. Work with students to complete remediation courses.</li> <li>4. Follow-up with students to compare PARCC assessment and school unit assessment scores</li> </ol>	Spring 2020 Summer 2020 Fall 2020	40  (260 total)	<ol style="list-style-type: none"> <li>1. Monitor student progress on course exams, assignments, and compare to pre-test baseline score.</li> <li>2. Student self-report on remedial class experience</li> <li>3. Track students who complete remedial class during sessions and on PARCC assessments</li> </ol>	Planning 5/2020 thru 7/2020, Ongoing  Recruitment Registration 6/2020 thru 9/2020  Classes *6/2020 to 8/2020 and *9/2020 thru 12/2020 *1/1/2021 to 4/2021	<ol style="list-style-type: none"> <li>1. August Brown, project director</li> <li>2. Aaron Jupiter, GEAR UP SCHOOL coordinator</li> <li>3. June Stars, project evaluator</li> </ol>