

APPENDIX D. PROPOSAL FORMS

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

FY 2017 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 2017 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 st Entry here is the GEAR UP school site Liaison		1 st 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).

1st Entry here is the Chairperson of the Advisory Committee			
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	
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 2017

Higher Education Institution: _____
Project Number: CPIP 17-
Project Title: _____

SOURCE OF FUNDS				
	COLUMN 1 *CPIP FUNDS REQUESTED	COLUMN 2 **INSTITUTION 25% Required Match	COLUMN 3 ***OTHER CONTRIBUTIONS In-Kind/Match	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 2017 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 2015-16 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.

Institution

Signature of Authorized Institutional Authority

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 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)

Direct Academic Services to ABC High School Students						
Objective: To provide opportunities for 9th gr. students at ABC High School to attend remedial mathematics and English/language arts support to increase baseline assessment scores.						
Projected Outcome: By the end of May 2018, 260 10th 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 10 th gr. students, 60% will increase their pretest baseline scores by 5 to 10 points by the end of the classes.						
Activity Description	Implementation Process	Activity Date	Expected Participants, Per Session	Evaluation Plan	Date (s)	Person (s) Responsible
Remedial Classes	<ol style="list-style-type: none"> 1. Hold information session for parents and students 2. Identify students who need remediation 3. Work with students to complete remediation courses. 4. Follow-up with students to compare PARCC assessment and school unit assessment scores 	Spring 2017 Summer 2017 Fall 2018	40 (260 total)	<ol style="list-style-type: none"> 1. Monitor student progress on course exams, assignments, and compare to pre-test baseline score. 2. Student self-report on remedial class experience 3. Track students who complete remedial class during sessions and on PARCC assessments 	Planning 5/2017 thru 7/2017, Ongoing Recruitment Registration 6/2017 thru 9/2017 Classes *6/2017 to 8/2017 and *9/2017 thru 12/2017 *1/1/2018 to 4/2018	<ol style="list-style-type: none"> 1. August Brown, project director 2. Aaron Jupiter, GEAR UP SCHOOL coordinator 3. June Stars, project evaluator

