STATE OF MARYLAND
Community Health Resources Commission
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Coordinated Community Supports Partnerships

FY 2027 Request for Applications

December 10, 2025

Coordinated Community Supports Partnerships Call for Proposals
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I. Background

America's youth are experiencing a behavioral health crisis. In a recent report, the Centers for Disease Control and Prevention (CDC) stated that young people in the United States are "collectively distressed." The CDC's most recent Youth Risk Behavior Survey (YRBS) found that 40% of high school students experience persistent feelings of sadness or hopelessness so severe, they did not engage in their usual activities for at least two consecutive weeks. Every racial and ethnic group surveyed reports experiencing these feelings at a higher rate than they had reported in the past. The YRBS results indicate a significant increase in the percentage of respondents who reported seriously considering suicide, making a suicide plan, or attempting to commit suicide, particularly for Black, female, and LGBTQ+ students.

The YRBS also reveals disturbing disparities related to race, gender, and sexual orientation. For instance, 53% of female students report persistent feelings of sadness or hopelessness and 65% of LGBTQ+ students report such feelings. Meanwhile, more American Indian, Black, and Hispanic, and White students are seriously considering suicide than other groups. 41% of LGBTQ+ respondents reported the same. Hispanic, female, and LGBTQ+ students reported a higher rate of attempted suicide as well.

Mental health challenges do not exist in a vacuum. Often mental wellness is a consequence of a person's school and home environments. For example, groups who report higher rates of sadness, hopelessness, and/or suicide attempts, such as LGBTQ+ students and Black students, were more likely to report experiencing unstable housing within the past year. Demographic groups who report fewer negative mental health experiences, such as male, White, and heterosexual students, tended to report higher rates of school connectedness than disparately impacted groups.

In 2021, the U.S. Surgeon General released an advisory report outlining actions that can be taken to reverse the rising tide of poor mental health among students. The report recommended empowering youth to ask for help, support others, and care for themselves. According to the report, schools can contribute to this mission by creating positive, safe, and affirming environments for their students; expanding social and emotional learning programs; recognizing changes in mental and physical health; providing a continuum of supports for mental health needs; promoting enrollment in and retainment of health coverage that includes behavioral health services; expanding the mental health workforce; and protecting and prioritizing students with higher needs and risks.

Schools are an ideal place to deliver a Multi-Tiered System of Supports (MTSS) and services that promote mental health and prevent and address mental health challenges in youth. Delivering supports and services in schools meets students where they are. Schools are well-positioned to promote well-being and mental health for all students by fostering positive school climate, providing mental health literacy for staff and students, and developing social emotional skills. Prevention and early intervention can address behavioral health conditions before they develop

or worsen. For students with identified behavioral health needs, offering services in schools increases the likelihood of engagement and completion of care, in part by overcoming transportation and other logistical barriers. Students whose behavioral health needs are supported are more likely to attend, engage, and perform well in school.

The Maryland Consortium on Coordinated Community Supports was created by the Maryland General Assembly as part of the Blueprint for Maryland's Future, Chapter 36 of 2021. The Consortium is responsible for developing a statewide framework to expand access to comprehensive behavioral health and wraparound services for Maryland students. It is comprised of 25 experts in the fields of behavioral health and education and it is chaired by former Delegate David D. Rudolph. A complete list of the Consortium's members can be found in Appendix B.

The Maryland Community Health Resources Commission (CHRC) serves as the Consortium's fiscal agent and is responsible for providing staff support for the Consortium. The CHRC was created by the Maryland General Assembly in 2005 to expand access to health care services in underserved communities across Maryland. The CHRC is an independent commission operating within the Maryland Department of Health (MDH), whose 11 members are appointed by the Governor and is chaired by Destiny-Simone Ramjohn, PhD. Since its inception, the CHRC has awarded over 985 grants totaling $396 million, supporting programs in every jurisdiction of the state. These programs collectively have served more than 811,000 Marylanders, and grants awarded by the CHRC have enabled grantees to leverage $59.6 million in additional federal and private/non-profit resources. A list of CHRC Commissioners can be found in Appendix A.

The Consortium has been meeting regularly since the summer of 2022. All meetings are open to the public and all materials are posted on the Consortium's webpage, https://health.maryland.gov/mchrc/Pages/Maryland-Consortium-on-Consolidated-Community-Supports.aspx. The Consortium includes the following four Subcommittees: Framework, Design & RFA; Data Collection/Analysis & Program Evaluation; Outreach & Community Engagement; and Best Practices.

As provided by statute, the National Center for School Mental Health (NCSMH) provides technical assistance to the Consortium. The NCSMH is housed in the Division of Child and Adolescent Psychiatry at the University of Maryland School of Medicine. It was established in 1995 by the U.S. Department of Health and Human Services, Health Resources and Services Administration to provide training and technical assistance to states/territories, districts, and schools to advance school mental health. The NCSMH engages in research, policy, training and technical assistance, and practice and has long partnered with the Maryland State Department of Education, the Maryland Behavioral Health Administration, and local communities to promote mental health and well-being for youth and families throughout Maryland. The NCSMH provides technical assistance to the CHRC, Consortium, and grantees. The NCSMH also coordinates all trainings and leads implementation support in Evidence-Based Programs.

The first Coordinated Community Supports Call for Proposals was issued in August 2023 and funded behavioral health and wraparound services for students and families. 127 coordinated community supports provider grants were implemented, totaling approximately $110 million. These grants ended on June 30, 2025.

The second Coordinated Community Supports Call for Proposals was issued in October 2023 and funded a pilot program for Community Supports Partnership Hubs. Eligibility was limited to Local Behavioral Health Authorities (LBHAs) and Local Management Boards (LMBs). Ten Hub pilots were selected, totaling approximately $5 million.

A third Coordinated Community Supports Call for Proposals was issued in December 2024 and funded full Community Supports Partnerships (CSP), Hub pilots, and coordinated community supports service providers in jurisdictions not supported by a full CSP. Some of these Hub pilots are eligible to apply under this Request for Applications as full Community Supports Partnerships. More information on grant eligibility can be found in Appendix D.

The Consortium frequently solicits public comments and engages in public outreach campaigns to receive feedback on the model and inform communities about upcoming grant opportunities.

Goals of this RFA and Overview of Three Funding Tracks

This RFA seeks to sustain and expand access to high quality behavioral health services and supports for Maryland students, while continuing to build a statewide framework of Community Supports Partnerships to coordinate the delivery of these services. Based on available funding, the CHRC is making available up to $96,000,000 in funding through this RFA.

Three types of grants will be awarded under this RFA:

- **Track 1: Grants to Community Supports Partnerships**. Community Supports Partnerships grants are available *by invitation only*. These grants will fund both behavioral health services for a geographic area, as well as the activities of a local coordinating agency, or Hub. Partnerships will be organized according to the Collective Impact model. Eligibility is limited to selected organizations that were awarded Hub pilot grants previously, participated in a capacity-building curriculum led by the CHRC and NCSMH, and were assessed as "ready" to become full Community Supports Partnerships. Service providers interested in grant funding for these parts of the state should contact the existing Hub or Hub pilot for more information – the CHRC will <u>not</u> consider independent applications from service providers for areas of the state that will be funded through full Community Supports Partnerships. A list of organizations eligible to apply as Community Supports Partnerships and the geographic areas covered by each is included in Appendix D. Proposal requirements for Community Supports Partnerships grants can be found on pages 18-23.

- **Track 2: Grants to build future Partnership Hub capacity**. These grants will fund organizations to develop capacity to serve as Hubs in future Community Supports Partnerships. Eligibility is limited to Local Behavioral Health Authorities (LBHAs) and Local Management Boards (LMBs) in areas of the state not eligible to become a Community Supports Partnership under this RFA. Eligible applicants may include both existing Hub pilots awarded through the previous Request for Applications that are not applying as Community Supports Partnerships, as well as applicants from areas of the state not previously awarded a Hub pilot grant. Applicants must be the consensus choice of their geographic region and must have a letter of support from their local Superintendent or the Superintendent's designee. A list of jurisdictions eligible for Hub capacity-building grants is included in Appendix D. Proposal requirements for Hub capacity-building grants can be found on pages 23-27.

- **Track 3: Grants to service providers**. Grants to service providers will sustain and expand access to high-quality behavioral health and wraparound services for students and families across the state of Maryland. Applicants may include both service providers awarded through previous Coordinated Community Supports Requests for Applications, as well as providers not awarded previously. For applicants that are not current grantees under the 2026 RFA, grant funds may be used to establish new programs or to expand existing programs but may not supplant other sources of funding. Service providers funded through this track must serve areas of the state that are not eligible for Community Supports Partnerships grants – as stated above, the CHRC will <u>not</u> consider independent applications from service providers for areas of the state that will be funded through full Community Supports Partnerships, as service providers in those areas should contact the local Community Supports Partnership applying under Track 1. A list of jurisdictions eligible for service provider grants is included in Appendix D. Proposal requirements for service provider grants can be found on pages 27-34.

This Request for Applications will fund grants from all three tracks for a period of twelve months, from July 1, 2026 – June 30, 2027. Current Consortium grantees as well as applicants not previously awarded may apply under this Request for Applications. Service providers must submit a separate application for each jurisdiction in which they are applying.

Grant funding must be supplemental to and may not supplant existing funds for school behavioral health. When possible, Medicaid reimbursement should be sought. More information about grants and Medicaid billing can be found on page 17.

Schools are essential partners in all grants. A letter of support from the local Superintendent or the Superintendent's designee is mandatory for all service provider and Hub applications under this RFA. Letters of support jointly signed by the Local Education Agency (LEA, or school district, *i.e.*, the Superintendent or the Superintendent's designee) and the Local Behavioral Health Authority (LBHA) / Local Management Board (LMB) are highly encouraged. Proposals for Community Supports Partnership grants also must demonstrate ongoing collaboration with their LEAs, including the participation of the LEA in the Partnership's governance and

involvement of the LEA in selecting service providers. More information about the role of schools can be found on pages 11-12.

The Consortium is committed to measuring the progress of this program. The Consortium's Data Subcommittee has identified four overall, qualifiable goals for the program: 1. Expand access to high-quality behavioral health and related services for students and families; 2. Improve student wellbeing and readiness to learn; 3. Foster positive classroom environments; 4. Promote sustainability through revenues from Medicaid, commercial insurance, hospital community benefits, and other sources. In alignment with these goals, all grantees are required to collect and submit data to demonstrate the effectiveness of interventions. More information about data and evaluation requirements can be found on pages 15-16.

All grantees are required to participate in ongoing training and technical assistance provided by the CHRC and National Center for School Mental Health. This includes mandatory monthly meetings for all grantees, ongoing participation in selected Evidence-Based Program (EBP) trainings, engagement in required implementation support calls, and other training and technical assistance for service provider, Hub, and Community Supports Partnership grantees.

Any individual who has contact with children, adolescents and students under the execution of this grant will be required to obtain a Criminal Justice Information System (CJIS) State and federal criminal background check, including fingerprinting. Criminal background checks must be completed prior to commencing any work under this grant. Applicants may request grant funds for this purpose. All grantees, including subgrantees and subcontractors, are required to report to law enforcement and school leadership any threats of harm to self or others. Grantees, subgrantees, and subcontractors may be required to participate in training related to school safety and sign a form acknowledging they will follow existing law and current policies and procedures for their jurisdiction, school, and the state of Maryland.

According to statute, at full implementation, the Consortium program should serve all students in each local school system regardless of income, insurance status, or zip code. At the same time, applicants must consider equity in their programs. The CHRC and Consortium will consider equity when evaluating proposals and making grant awards. Services must be delivered with cultural and linguistic competence (see pages 14-15).

Grant Award Contingent on Execution of Grant Agreement

All grant awards are preliminary and contingent on the awardee's acceptance of the terms and conditions of the award, as set forth in a grant agreement, and upon execution of the written grant agreement, signed by the CHRC and the awardee. Prior to executing the grant agreement, the CHRC may exercise discretion to cancel or rescind an award for any reason. An awardee may likewise decline the grant award at any time prior to executing the written grant agreement.

Cancellations

The CHRC reserves the right to cancel this RFA, accept or reject any and all applications, in whole or in part, received in response to this RFA, waive or permit the cure of minor errors or irregularities, and conduct discussions with all qualified or potentially qualified applicants in any manner necessary to serve the best interests of the CHRC and the State. The CHRC reserves the right, in its sole discretion, to award a grant based upon the written applications received without discussion or negotiations.

Upon execution of a written grant agreement, should the grantee fail to fulfill its obligations as outlined in the scope of work and/or the documented narrative submitted in response to this RFA and/or the terms of the written grant agreement for this award, the CHRC retains the authority to terminate the grant agreement, as well as to pursue all remedies set forth in the grant agreement and as provided by law.

Key Dates to Remember

The following are the key dates and deadlines for this RFA:	
December 10, 2025	Release of the Call for Proposals
December 18, 2025, at 11:00 a.m.	Frequently Asked Questions Webinar for Potential Applicants **Zoom link**: https://us06web.zoom.us/webinar/register/WN_qrfMpeL-SayQ2--YbFpg3Q * Participants are asked to register in advance. Once registered, the meeting ID and passcode will be emailed.
February 11, 2026, at 3:00 p.m. EST	**Deadline for receipt of applications (3:00 p.m. EST)**
April/May 2026	Award decisions
July 1, 2026 - June 30, 2027	Grant period

II. Principles of the Community Supports Partnership Model

The Community Supports Partnership model includes a number of key principles that apply for all three tracks.

A. Coordination. Coordination is essential for all proposals under this Request for Applications. The Consortium is building a statewide network of Hubs and service providers (Spokes) based on the Collective Impact model. Through this model, Hubs will coordinate services in the geographic area served by their Partnership. For more information on the Collective Impact model, visit: https://ssir.org/articles/entry/collective_impact.

All services must be coordinated and aligned with the priorities of the Local Education Agency (LEA, or school district). Community providers and Hubs must actively coordinate and partner

with school districts and schools to support students and families. Services also should be coordinated with public health and child-serving agencies, including Local Behavioral Health Authorities (LBHAs), Local Management Boards (LMBs), Local Health Departments, Local Departments of Social Services, Local Care Teams, etc. All grant proposals must describe ongoing coordination and include letters of support committing to coordination.

A letter of support from the local Superintendent or the Superintendent's designee is mandatory for all service provider and Hub applications under this RFA. This year's RFA includes additional guidelines for LEAs (see pages 11-12) and a letter of support template (see sample in Appendix I). LEAs will have the opportunity to rank by priority the service provider applicants to whom they have provided letters of support.

Applicants also are encouraged to submit letters of support from LBHAs, LMBs, and/or other child-serving agencies or local government entities. Joint letters of support signed by local Superintendents, LBHAs, LMBs, and other child serving agencies are highly encouraged.

B. Multi-Tiered System of Supports. This RFA will support interventions at each of the three tiers of the Multi-Tiered System of Supports (MTSS): Tier 1 (universal promotion/prevention), Tier 2 (early intervention), and Tier 3 (treatment). Community Supports Partnerships applicants must describe how all Tiers are addressed in their geographic area. Service provider applicants are **not** required to offer supports and services at each tier but should integrate into a school's overall multi-tiered approach. A description of each of the tiers is below.

Behavioral health promotion services and supports (Tier 1) are behavioral health-related activities that are designed to meet the needs of all students regardless of whether they are at risk for mental health problems. Tier 1 activities include promotion of positive social, emotional, and behavioral skills and well-being. These activities also include efforts to improve school climate and promote positive behavior. These activities can be implemented school-wide, at the grade level, and/or at the classroom level and can be provided by school-employed and community-employed, school-based professionals. Some Tier 1 services may be available to all students and/or families but provided only to those who "opt-in" to participate. Examples of Tier 1 services include school-wide mental health education lessons, school climate improvement efforts, parenting supports that are available to all, and classroom-based social emotional learning for all students.

Early intervention services and supports (Tier 2) address the behavioral health concerns of students who are experiencing mild distress, functional impairment, or are at risk for a given problem or concern. These students can be identified through needs assessments, screening, referral, or another school teaming processes. When behavioral health needs are identified early and culturally responsive, anti-racist, and equitable (CARE) supports are put in place, positive youth development is promoted, and the chronicity and severity of mental health concerns can be eliminated or reduced. Sometimes these are referred to as "selective" mental health "prevention" or "secondary prevention" services. Examples include small group interventions for students identified with similar needs, support groups, brief individualized

interventions (e.g., motivational interviewing, problem solving), mentoring, and/or low intensity classroom-based supports such as a daily report card, daily teacher check-in, and/or home/school note system.

Treatment services and supports (Tier 3) to address behavioral health concerns are provided for students who are already experiencing significant distress and functional impairment. Sometimes these are referred to as "indicated" mental health intervention, "tertiary," or intensive services, and are individualized to specific student needs. Examples include individual, group, or family therapy for students who have identified – and often diagnosed – social, emotional and/or behavioral needs.

C. Role of schools. Schools are integral to the Consortium's approach. This model anticipates that schools will be the primary entry point for supports and services to students and families. Services do not need to be provided in the school building but must be strategically coordinated via ongoing and regular communication and collaboration with the district and schools to augment their existing Multi-Tiered System of Supports.

All grant-funded services provided by community providers must align with priorities identified by local school districts. All service provider applicants are required to submit a letter of support from the local Superintendent or the Superintendent's designee in order to apply under this Request for Applications. Letters of support signed jointly by the LEA and the LBHA/LMB are highly encouraged.

Schools and school districts are not eligible to apply for direct grant funding. Instead, community providers will partner with schools to support students and families. This will allow schools to focus on other Blueprint requirements, give students and families access to continuums of care, minimize disruptions to the behavioral health workforce, and build on successful models of school-community cooperation.

Grant funds will support services for students in public schools, including public charter schools. Grants funds may support services for children in nonpublic special education schools (MANSEF), if the applicant demonstrates needs that cannot be met through existing funding sources.

The Consortium recognizes the importance of early childhood interventions. This RFA will support services for students in pre-kindergarten programs that are located in public schools, schools that are partners in the Blueprint's pre-kindergarten expansion program, Judy Centers, or Head Start programs. This RFA will not support services for students in private/parochial schools or homeschooled children.

Community Schools are schools that receive Concentration of Poverty grants under the Blueprint and provide an array of "wraparound" supports to students and families. Services funded through this RFA may be provided in Community Schools, as well as schools that are not Community Schools. Applicants should describe how requested funds would be supplemental

to and clearly differentiated from Concentration of Poverty grant funding and any other existing sources of funding. By definition, Community Schools serve families with higher socio-economic needs—insofar as this RFA prioritizes areas with greater need, applicants are encouraged to consider offering programs in Community Schools. A list of Community Schools can be found in Appendix L. Applicants are encouraged to consult Community Schools' Needs Assessments. Applicants are advised that the Consortium's definition of "wraparound" supports differs from the definition of wraparound used by Community Schools (see Appendix K).

Applicants under this year's Request for Applicants may request minimal funding to subcontract with school systems for the following activities, if essential for the applicant's program: the use of school buses, stipends for school staff trainings outside of contract hours, and behavioral health-related supplies.

After grants are awarded, all grantees will be required to have a Memorandum of Understanding (MOU) with the LEA before services can be initiated. If the provider and LEA have a pre-existing MOU, this may be acceptable. While grantees will report directly to the CHRC and/or their CSP Hub, on-going collaboration between grantees and their respective LEAs is required. The CHRC will continue to consult with LEAs to address any concerns as grants are implemented.

The Consortium and NCSMH are offering training to school-employed staff in a number of Evidence-Based Programs (EBPs). Interested LEAs should fill out the form found at the following URL: https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_9GmIJv1fXZCccIe. If desired by the LEA, service provider applicants may request grant funding to provide other trainings to school-employed staff. Service provider applicants proposing school staff training activities are encouraged also to provide direct services to students/families that result in Unduplicated Individuals Served (see Appendix G, page 3). If you have questions and/or training interest for the current 2025-2026 school year, please reach out to BlueprintEBP@som.umaryland.edu for more information.

D. Local needs and holistic services. The Consortium is required by statute to ensure services are holistic, nonstigmatized, and coordinated. While many shared challenges exist in communities across the state, the Consortium recognizes that the needs and strengths of each community are unique. Moreover, different subpopulations within a single jurisdiction may have different needs and require different interventions.

The Community Supports Partnership model allows each community to identify its most pressing student behavioral health needs and select those interventions and providers best suited to meet those needs. The priorities of LEAs should be considered, and all grant-programs must have the support of the LEA. In addition, Hub pilots and CSPs have developed Needs Assessments specific to school behavioral health that identify unmet needs. Areas of the state without Hub pilots or CSPs should draw on other sources of data (see Attachment J) to identify needs.

This Request for Applications will support a range of different types of services for students and families. Examples of programming that may be supported include:

- School-wide preventative and mental health literacy programming
- Individual, group, and family therapy
- Navigation and case management services
- Substance Use Disorder services
- Trauma informed care
- Telehealth services
- Suicide prevention
- Early childhood interventions
- Therapeutic mentoring
- Therapeutic summer camps
- Crisis stabilization and response
- Peer supports
- Behavioral health education, support, and navigation for families
- Support groups
- Psychiatric care and medication
- Addressing dating/sexual violence
- Grief support
- Positive classroom environments
- Educator training programs
- Nature-based wellness programs
- Depression and anxiety services
- Provider participation in school meetings (*i.e.,* IEP, disciplinary, etc.)
- Executive functioning

Applicants should select Evidence-Based Programs (EBPs) that are most relevant for their communities. Page 14 includes a menu of 15 Priority EBPs in which the Consortium and National Center for School Mental Health will provide training and implementation support. More information on Priority EBPs and other recommended EBPs can be found in Appendix F. Applicants addressing suicide prevention should consult the Maryland Action Plan to Prevent Suicide in Schools (MAPS).

Applicants may identify EBPs and strategies not included on either the Priority or Recommended menus, but must demonstrate that these are: (1) supported by evidence of impact on target social, emotional, behavioral, and/or academic outcomes (based on research evidence, as recognized in national registries and the scientific literature, and/or supported by practice-based evidence of success in local or similar schools or communities); (2) equitable and fit the unique strengths, needs, and cultural/linguistic considerations of students and families in the target community; (3) responsive to documented local priorities; (4) have adequate resource capacity for implementation (e.g., staffing capacity; training requirements, qualifications, and staff time; ongoing coaching); and (5) monitored for fidelity.

Applicants are responsible to coordinate any training and implementation support for EBPs not on the Priority menu. These training costs (if any) may be included in grantee budget requests (see pages 17-18).

E. Statewide standardization and Priority Evidence-Based Programs. While the Consortium recognizes the need for local autonomy and local solutions, programs should reflect a strong evidence base. To that end, the Consortium's Best Practices Subcommittee has developed a list of 15 Evidence-Based Programs (EBPs) that are encouraged statewide.

1. Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents (UP-C/UP-A)
2. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)
3. Safety Planning Intervention (Stanley and Brown)
4. Counseling on Access to Lethal Means (CALM)
5. Adolescent Community Reinforcement Approach (ACRA)
6. The Student Check-Up (Motivational Interviewing)
7. Therapeutic Mentoring
8. SBIRT – Screening, Brief Intervention, and Referral to Treatment
9. Cognitive Behavioral Intervention for Trauma in Schools (CBITS) / Bounce Back
10. Botvin Life Skills
11. Youth Aware of Mental Health (YAM)
12. Circle of Security
13. Botvin Life Skills Parent Program
14. Family Check Up
15. Chicago Parenting Program

Training costs (other than staff time) for these EBPs should not be included in an applicant's grant budget. More information about these EBPs is available in Appendix F.

Service provider applicants that commit to receive training and implementation support in one or two Priority EBPs, and to implement the EBP(s) with fidelity, will receive additional consideration during the application review process (see page 34).

As stated above, school-employed staff may participate in training in selected Evidence-Based Programs. Interested LEAs should fill out the form found at the following URL: https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_9GmIJv1fXZCccIe.

The Consortium is also hosting a learning community to support grantee implementation of Measurement Based Care. Measurement Based Care is the routine use of patient reported outcome measures in mental health early intervention (Tier 2) and treatment (Tier 3) services to promote communication, collaboration and shared decision-making with students and families. The Measurement Based Care Learning Community (MBC LC) is intended for clinicians and other professionals delivering Tier 2 and 3 interventions and for agency leaders supporting clinicians. The MBC LC is offered to grantees to stimulate MBC implementation through training, free resources, ongoing consultation, and peer learning. Applicants that commit to participate in this learning community will receive additional consideration during the application review process (see page 34).

In addition, the Consortium supports statewide standardization through common data metrics (see below), common assessment tools (see Appendix G), and shared learning through its mandatory grantee technical assistance program.

F. Cultural competence. Behavioral health services are most effective when delivered in a culturally and linguistically competent manner. As a matter of policy, all CHRC grantees are asked to demonstrate cultural and linguistic competency, and to describe the extent to which

the racial and ethnic diversity of their workforce reflects the individuals to be served. Applicants are required to consider cultural relevance in selecting and adapting Evidence-Based Programs and strategies. These factors are evaluated as part of the application review process.

G. Data and Evaluation. The Consortium is committed to collecting and reporting data to assess the impact of grants. Service provider grantees will be required to attend a metrics orientation and 1:1 meetings with CHRC and NCSMH staff to discuss data collection. Applicants must demonstrate the capacity to collect and report data required by the CHRC and Consortium. Service provider grantees and subgrantees will be required to report standardized data to the CHRC and/or their CSP Hub. Examples of standardized measures include:

1. # unduplicated students served – total (see Appendix G, page 3) Note: Current grantees may be asked to differentiate between new students to be served under this RFA versus students served under their current, or a previous, grant.
2. # unduplicated students served – Tier 1, 2, 3 (see pages 10-11)
3. # unduplicated students served by race/ethnicity
4. # unduplicated students served by gender
5. # unduplicated students served by grade level (pre-k, elementary, middle, high)
6. # unduplicated schools attended by students served
7. Satisfaction surveys
    a. # of students completing surveys
    b. # of students satisfied
    c. # of family members completing surveys
    d. # of family members satisfied
8. # unduplicated new staff positions
9. # unduplicated school staff by grantee trained and assessed for competency
10. Optional demographic metrics (# LGBTQ+, # w/ Disability, # ELL/ESL)
11. Custom measures by EBP and/or by assessment tool
    a. # unduplicated who received services
    b. # unduplicated who completed pre assessment
    c. # unduplicated who completed intervention
    d. # unduplicated who completed post assessment
    e. # unduplicated who demonstrated improvement
    f. # unduplicated who demonstrated no change
    g. # unduplicated who demonstrated desired outcome
12. Other custom measures may be developed with individual grantees

Grantees are required to track and report behavioral health process measures as well as outcomes. Grantees must, to the best of their ability, have a method to track individual students for reporting metrics. Grantees will be required to meet with the CHRC and NCSMH to develop templates for data reporting, as well as ongoing data support.

The CHRC and NCSMH have developed a list of recommended assessment tools for grantees (see Appendix G). Common data definitions are provided in the Milestones and Deliverables

Guide (Appendix G). Custom data measures specific to the applicant's program may be developed. A sample reporting template is included in Appendix H.

As a condition of receiving grant funds, grantees must agree to participate in an ongoing CHRC evaluation of the grant program. Grantees will be required to submit quarterly project progress and fiscal/expenditure reports as well as deliverables produced under the grant as a condition of payment of CHRC grant funds. Performance and compliance under a current grant will be a factor in evaluating applications for continued funding.

Applicants should consider any data-sharing agreements that would need to be reached with any partners for implementation and reporting on this grant and should discuss these considerations in their grant proposals. Grantees must ensure the protection of patient/client information. The CHRC will not accept Protected Health Information (PHI) or Personally Identifiable Information (PII).

H. Addressing Workforce Challenges. The Consortium is aware of behavioral health workforce constraints. Applicants must develop realistic staffing plans as part of their proposals. Applicants may include innovative strategies to address challenges in the behavioral health workforce such as: use of supervised interns and other staff consistent with legal requirements, family and peer support programs, innovative use of technology, expanding Tier 1 and Tier 2 services, paid staff training and career ladders, and building the behavioral health workforce pipeline. Examples of innovative technology may include virtual reality technology, biofeedback, remote patient monitoring, use of Artificial Intelligence to monitor client well-being, computerized medical scribes for documentation, computerized assessment, psychoeducational apps to complement treatment or aid in care coordination, and self-care and mental health promotion applications.

While proposals may include components that address workforce challenges, an applicant's program, as a whole, must directly result in expanded behavioral health and/or wraparound services for students and families during the grant period.

I. Financial Stewardship. Funds from this grant may not supplant current funding for school behavioral health services and supports. As responsible stewards of public dollars, the CHRC and Consortium believe that grant funds should not pay for activities covered by other sources. The CHRC fully expects that grantees will braid in other sources of funding to ensure the long-term sustainability of projects and encourages grantees to leverage CHRC dollars to secure funding from other sources for the purpose of program sustainability. The CHRC looks favorably on grant applications that are transparent about other sources of funding that may partially or wholly support activities in their grant proposals.

To further ensure the best use of grant dollars, the CHRC is closely examining grant applications for potential duplicate funding, including an assessment of the applicant's request for indirect costs. Applicants should not request direct funding for any activities that are typically included in the organization's indirect cost pool/indirect rate. The CHRC will accept an indirect rate of up

to 15% (unless the applicant qualifies for a higher indirect rate pursuant to Md. Code Ann., State Finance and Procurement § 2-208(c)), while also requiring applicants to describe activities to be covered within their indirect rate.

The Consortium is required by statute to maximize Medicaid revenue attainment. Service provider applicants are required to describe how requested grant funds would complement and not duplicate any anticipated Medicaid revenues. Grantees providing Medicaid-billable services are expected to bill Medicaid and use grant dollars for activities that are not billable, such as:

- School-wide programming (Tier 1)
- Nonbillable early interventions (Tier 2)
- Prevention and mental health promotion activities
- Start-up/expansion costs
- Screenings for behavioral health and related issues
- Services and supports for uninsured students and families
- Co-pay support to expand access to services for children and families with commercial insurance and/or implement an income based sliding scale fee schedule
- Training and implementation in Evidence-Based Programs
- Provider participation in school meetings (e.x. IEP, disciplinary, etc.)
- Case management, navigation, and other services provided by community health workers and peers
- Family education and support
- Peer support
- Transportation to services
- Translation/interpretation costs
- Support groups and other programming for targeted groups of students and families

The CHRC will examine budget requests closely and may request revisions on a case-by-case basis prior to making final awards.

Upon execution of a written grant agreement and provision of an invoice, grantees will receive a portion of their award upfront. Subsequent grant payments will be made for the difference between cumulative reported expenses and prior grant payments. At least 5% of the award will be withheld until the final reports are submitted and approved by CHRC staff.

J. Permissible Uses of Grant Funds. Examples of permissible uses of grant funding under this RFA include but are not limited to:

- Staff salaries and fringe benefits
- IT hardware and software, including software/platform for outcomes measurement and Measurement-Based Care
- Supplies
- Marketing materials
- Travel/mileage/parking related to grant activities
- Training and professional development. Note: Training and materials for Priority EBPs will be supported by the NCSMH and should not be included in applicant budgets. Staff time for

training, including training in Priority or other EBPs, should be included in the staff salaries section of the budget.
- Subcontractors
- Other expenses such as Incentives for program participants, translation/interpretation services, etc.
- Indirect costs

While schools and school systems will not be the direct recipients of grant funds, applicants may request minimal funding to subcontract with school systems for the following activities, if essential for the applicant's program: the use of school buses, stipends for school staff trainings outside of contract hours, and behavioral health-related supplies.

The following are *not* permissible uses of grant funds:
- Direct support to families to address social determinants of health (*i.e.,* emergency funds, rent assistance, food assistance, etc.)
- Fees for student participation in extracurricular activities without a behavioral health focus, including sports
- Field trips without a behavioral health focus
- Somatic (physical) health services
- Academic and vocational supports
- Depreciation expenses
- Major equipment or new construction projects
- Clinical trials
- Lobbying or political activity
- Pre-award costs and expenses
- Purchase or improve land, or to purchase, construct, or make permanent improvements to any building, except for minor remodeling

In addition, grant funds may not be used to satisfy debts and liabilities of any kind, including, but not limited to, state or federal tax liabilities, outstanding, past due, or delinquent loan balances, individual, property or employment insurance liabilities, liens, promissory notes, offsets of any kind, or contractual debt.

III. Track 1: Grants to Community Supports Partnerships

Community Supports Partnerships will fund both behavioral health services for a geographic area, as well as the activities of a local coordinating agency, or CSP Hub. Eligibility is limited to selected organizations that were previously awarded full Community Supports Partnership grants or were previously awarded Hub pilot grants, participated in a capacity-building curriculum led by the CHRC and NCSMH, and were assessed as "ready" to become full Community Supports Partnerships. A list of organizations eligible to apply as Community Supports Partnerships and the geographic areas covered by each is included in Appendix

D. Service providers interested in grant funding for these parts of the state should contact the Community Supports Partnerships or Hub pilot for more information.

Partnerships will be organized according to the collective impact model. For more information on the Collective Impact model, visit: https://ssir.org/articles/entry/collective_impact.

Community Supports Partnerships should support a continuum of holistic mental health and substance use supports and services, from prevention and mental health promotion through treatment and recovery. Partnerships should leverage existing services and relationships, and engage new and diverse partners that represent and serve the community.

Partnerships proposals should include funding both for the activities of the local CSP Hub and for service providers as subgrantees. Proposals should be informed by the Hub's Needs Assessment, Asset Map, and Referral Plan. The Partnership's governance bodies (Steering Committee, Advisory Board, etc.) should review the proposal, concur with the plan, and offer ongoing feedback as programs are implemented. LEAs must be involved in the selection of service providers.

In working with service providers as subgrantees, CSP Hubs should adhere to the same uses of grant funding, data collection, and other parameters for service providers contained in this RFA. Hubs should consult the CHRC's scoring rubric for service providers found on page 34. Hubs should encourage service providers to use evidence-based approaches, and to receive ongoing EBP training and implementation support through the Consortium and NCSMH.

Community Supports Partnership proposals are expected to include the service provider grantees awarded under previous Consortium Requests for Applications unless the Hub has cause for not including them. Hubs should consider the effectiveness of these programs, and may adjust their funding level, scope, and other aspects.

Proposals for Community Supports Partnerships

Project proposals should be clear and concise, single spaced, in 11- or 12-point font. Proposals should be approximately 15 pages, excluding table of contents, executive summary, budget, and appendices. Brevity is encouraged and additional information may be included in appendices. All pages of the proposal must be numbered.

The project proposal should be structured using these topic headings:

1. Local need and health equity

- Describe the most pressing needs identified in the Hub's Needs Assessment.
- What demographic and geographic disparities were observed in the Needs Assessment?
- How is heath equity incorporated in the overall planning?
- The Needs Assessment(s) should be included as an attachment.

2. Selection of service providers

- Describe the process used to select service providers for this proposal.
- How will the selected service providers address community needs?
- Provide a complete list of all subgrantees that will receive funding and perform services under the grant (see Appendix M). Include a full description of the services each subgrantee will perform, the population(s) to be served and why/how each sub-grantee was deemed the most qualified for this project. How many total unduplicated students will be served by each (see Appendix G, page 3 for a definition)?
- How many total unduplicated students will be served in the Partnership as a whole?
- Which existing Consortium service provider grantees are included in the proposal? Describe how their programs would be the same or different under the proposed Community Supports Partnerships.
- Were any existing service provider Consortium grantees NOT included in the proposal? Why not? Hubs are required to show cause for opting not to include existing Consortium service provider grantees.
- Which service providers are included in the proposal that are not current CHRC/Consortium grantees? Why were they selected? How were they vetted?
- The Asset Map(s) should be included as an attachment.

3. Ensuring service quality

- List the Priority EBPs that will be utilized by service providers/subgrantees in the proposal. How many service provider and Hub staff will require training in each Priority EBP? Note: The CHRC recommends service providers focus on one or two Priority EBPs each, though additional EBPs could be selected with justification (see Appendix M).
- Describe service providers' commitment to training in EBPs, implementation of EBPs with fidelity, and participation in EBP implementation support. Describe how this commitment is reflected in service providers' planning, budgets, and staffing.
- How will the Hub ensure service provider subgrantees participate in required EBP trainings and implementation with fidelity?
- In addition to Priority EBPs, which other EBPs and strategies will be utilized by service providers? Why were these chosen?
- Describe how services by subgrantees, non-grant-funded service providers, and school-employed staff together will address all tiers of the Multi-Tiered System of Supports (MTSS). (See pages 10-11.)
- Describe how services will be holistic and address a range of needs for students and families.
- Describe how services by service provider sub-grantees and other non-grant-funded service providers will together address all ages pre-k through grade 12.
- What percentage of schools in the district will receive grant-funded services? Which schools will not? If any schools will not receive grant-funded services, explain why.
- Discuss coordination with Community Schools (see Appendix L).

4. Coordination/Integration

- Describe coordination with the LEA in developing the proposal, identifying needs, selecting service providers, planning referral systems, and supporting services.
- How will the Hub facilitate ongoing cooperation between the Hub and service providers?
- How will the Hub facilitate ongoing cooperation between service providers and the LEA?
- How will the Hub facilitate ongoing cooperation and collaboration among service providers?
- How will the Hub facilitate ongoing cooperation between service providers and other child-serving agencies, including the LMB or LBHA, local department of social services, etc.?
- Describe the Hub's commitment to participate in ongoing technical assistance with the CHRC, Consortium, National Center for School Mental Health, and other Hubs. Describe how this commitment is reflected in the Hub's budget and staffing.
- The Governance Plan and Referral Plan should be included as an attachment.

5. Data

- Describe the status of current or future data-sharing agreements between the Hub and service providers.
- Describe the status of current or future data-sharing agreements between the Hub and LEA.
- Describe the Hub's capacity to work with service providers to collect and review service provider data (see pages 14-15). This review includes checking for completion and baseline accuracy.
- Describe the Hub's capacity to analyze data from other sources, including population-level data.

6. CSP Hub staffing model

- How many staff positions will the Hub have?
- Describe the roles and responsibilities of each Hub staff member. Organizational charts may be included.
- Use CHRC budget templates.
- If the Hub applicant has also received a service provider grant through the previous Request For Applications, or is applying for a service provider grant under this RFA, describe safeguards that would ensure accountability. Would the Hub and service provider functions exist in different units within the applicant organization? Would there be shared staff? Would the unit responsible for the Hub be subordinate to or under the authority of the unit responsible for service provision? (Note: The CHRC strongly discourages shared staff between Hubs and service providers and advises that the unit responsible for the Hub not be subordinate to or under the authority of the unit responsible for service provision.)

7. Budget

- What assumptions were used to develop the overall project budget? Note: the CHRC recommends a budget of approximately $300,000-$500,000 for Hub activities and the

balance for services. Applicants are permitted to request more than $500,000 for Hub activities if justification can be provided.

- Discuss the anticipated return on investment.
- How will the Hub and service providers braid funding from other sources, including Medicaid and commercial insurance; and other federal, state, local and private grants?
- What other funding will the Partnership seek to enhance program sustainability?
- Use CHRC Track 1 budget templates.
- The CHRC will examine budget requests closely and may request revisions on a case-by-case basis prior to making final awards.

8. **Mandatory Appendices**
    a. Governance Plan
    b. Needs Assessment(s)
    c. Asset Map(s)
    d. Referral Plan

9. **Additional materials listed on pages 35-36.**

10. **Returning Full Community Supports Partnership applicants:** Full Community Supports Partnerships who were funded in 2025-2026 school year should include reflections on implementation in FY 2026.

- What lessons were learned in the first year of implementation?
- Please provide a description of adjustments made to overcome barriers to implementation.
- Were any changes made to the process of selecting/vetting service providers?

Scoring Rubric – Community Supports Partnerships

Criteria	Score
• **Local need and health equity:** identifies local priorities based on Needs Assessment, incorporates health equity	15
• **Selection of service providers:** selects service providers to address identified needs, process for selecting and vetting service providers, ability to work with service providers as subgrantees, based on Asset Map	10
• **Program feasibility and prospects for success:** starting date for services, staffing plan, referral processes.	10
• **Ensuring service quality:** service providers will utilize Priority EBPs and/or other effective strategies; proposal complements existing services to: address all tiers of MTSS, serve all ages pre-k-grade 12, and provide a range of holistic services; commitment to ongoing training and TA	20
• **5. Coordination/Integration:** demonstrates collaboration with LEA on proposal; plans for ongoing cooperation between Hub, service providers, LEA(s), LBHA/LMB, and other child-serving agencies; able to utilize processes identified in Referral Plan; commitment to ongoing TA	15

• **Data**: plans for data-sharing between Hub, service providers, LEA(s), and others	15
• **Hub staffing model:** Hub staffing model and associated costs are reasonable	10
• **Budget**: Budget is reasonable and commensurate with project impact, overall strong return on investment	5
TOTAL	**100**

IV: Track 2: Hub Capacity-Building Grants

Hub capacity-building grants are available to applicants from areas of the state without a Hub applying as a Community Supports Partnership. Eligibility is limited to Local Behavioral Health Authorities and Local Management Boards. Applicants must be the consensus choice of their geographic region and must have a letter of support from their local Superintendent or the Superintendent's designee. Eligible applicants may include both existing Hub pilots awarded through the previous Request for Applications that are not applying as Community Supports Partnerships, as well as applicants from areas of the state not previously awarded a Hub pilot grant. A list of jurisdictions eligible for Hub capacity-building grants is included in Appendix D.

Each Partnership will have one Hub. Partnerships may be formed at the jurisdictional level (*i.e.*, county or City of Baltimore). Smaller jurisdictions may form a regional Partnership. Partnerships may not overlap. At full implementation, every school and community will be covered by one Partnership with one Hub. Partnerships and their Hubs must serve all public school students in the geographic area and may not "specialize" in certain sub-groups of students or intervention types.

Hub capacity-building grants will help organizations develop capacity to serve as Hubs in future Community Supports Partnerships. Partnerships will be organized using the Collective Impact model, with the Hub serving as the "backbone" for the Partnership. For more information on the Collective Impact model, visit: https://ssir.org/articles/entry/collective_impact. At full implementation, Partnership Hubs will have three primary functions: (1) coordinating service providers/Spokes, (2) acting as a fiduciary by managing grants from the CHRC and awarding grants to Spokes as subgrantees, and (3) collecting and reporting data. During this grant period, the CHRC will perform these functions for the service providers in a Hub's geographic area, while Hubs will engage in a statewide quality improvement learning collaborative to help prepare them to lead future Partnerships in their geographic areas. Capacity-building activities will include the development of several deliverables, including: Governance Plan, Needs Asset, Asset Map, and Service Referral Plan.

Hubs will ensure services within the Partnership are coordinated with other public health and child-serving agencies, including LEAs and schools, LBHAs, LMBs, Local Care Teams, Local Departments of Social Services, Local Health Departments, etc. Regardless of the organization that serves as a Hub for each area, each of these systems must be integrated into the

Partnership in clearly defined ways. Partnerships should augment, and not duplicate, existing structures that are working.

Hub Capacity-Building Grant Proposal Requirements

Project proposals should be clear and concise, single spaced, in 11- or 12-point font. Proposals should be less than 12 pages, excluding table of contents and appendices. Brevity is encouraged. All pages of the proposal must be numbered.

Existing Hub pilots applying for continuing funding will have different requirements than applicants for new Hub capacity-building grant.

A. Existing CHRC/Consortium Hub pilot grantees only: Existing Hub pilots may apply for continuing funding as they seek to become ready to lead full Community Supports Partnerships. Proposals should be structured as follows.

1. Describe status of staff hiring under the existing Hub pilot grant.
2. Discuss ability to receive and analyze data collected by service providers, as well as data from other sources including population-level data.
3. Describe the status of any data-sharing agreements between the applicant and service providers, as well as between the applicant and the LEA.
4. Describe local procurement requirements that will need to be followed in order to subcontract with service providers in a full Community Supports Partnership.
5. Describe engagement to date with service provider grantees in the area. Describe organization's role in working with LEAs to vet service provider applicants for letters of support for this RFA.
6. What steps will be required in order for the applicant to be ready to serve as a Hub in a full Community Supports Partnership? What is the timeline for achieving these steps?
7. Describe any additional capacity-building activities to be completed by the Hub pilot during the grant period.
8. Discuss any remaining work to further refine deliverables listed below.
9. Mandatory Appendices
    - Hub pilot deliverables: Submit in the appendix updated copies of the following deliverables produced during the current grant period, including any required revisions:
        1. Hub governance plan
        2. Needs Assessment
        3. Asset Map
        4. Service referral plan
    - b. Letter of support from Local Education Agency
10. Optional Appendices
    - Letter of support from the LBHA/LMB not serving as the Hub
11. Additional materials listed on page 35-36.

B. Applicants not currently serving as Hub pilots: Organizations not currently serving as Hub pilots must use the following format in their proposals:

1. Staffing Plan

- What permanent staff positions will the applicant create in order to complete the Hub capacity-building grant deliverables listed on page 24?
- What strategies will the applicant use to recruit and hire new personnel for these positions?
- If the applicant is unable to recruit staff for the positions expeditiously, how will the applicant complete the requirements of the Hub Pilot grant?
- How will new Hub staff fit into the applicant's current staffing structure?
- Describe any additional staff positions projected after the capacity-building phase (*i.e.*, if the applicant becomes a full Community Supports Partnership in FY 2028).

2. Collaboration and community consensus

- How will the LEA, LBHA, and LMB be integrated into the governance and operations of the Partnership? Describe any current and/or proposed contractual relationships. If applicable, include a proposed organizational chart.
- How will the Hub integrate the local Department of Social Services, Local Care Teams, and other child-serving agencies into the governance and operations of the Partnership?
- List the agencies that would be involved in the governance of the Partnership through a Steering Committee and/or Advisory Board. How will the voices of students and families be incorporated?
- For regional Hub Pilot applicants only, describe your model, *i.e.*, does the organization currently serve all the jurisdictions in the Hub Pilot proposal, or will the organization partner with another organization(s) for the proposal? If applicable, which organization will serve as the lead applicant? What will be the roles and responsibilities of each partner? Describe the potential strengths and weaknesses of a regional approach for the communities to be served.
- Include letters of support in the appendix.

3. Service Coordination

- What is the applicant's experience coordinating behavioral health services for youth and adolescents?
- How does the applicant currently cooperate with the schools that would be served by the Partnership?
- Describe the applicant's commitment to evidence-based approaches and innovation. Provide specific examples.
- Describe the applicant's experience and capacity to coordinate services at all three Tiers of the Multi-Tiered System of Supports (MTSS).
- Describe the applicant's experience coordinating the following types of services: prevention/mental health promotion, small group interventions, substance use interventions, family supports, individual and group therapy, wraparound supports, and

navigation/interventions to address Social Determinants of Health (SDOH). This description should refer to specific programs listed in the proposal's appendices.

- Describe the applicant's experience coordinating services for the following age groups: early childhood, elementary school, middle school, and high school. List specific programs currently supported and listed in the appendices.
- Comment on the applicant's commitment to work with service providers awarded by the CHRC. Describe engagement to date, if any, with existing service provider grantees and new service provider applicants in the area. Describe organization's role, if any, in working with LEAs to vet service provider applicants and provide letters of support.
- If the Hub applicant has also received a service provider grant through the previous Request for Applications, or is applying for a service provider grant under this RFA, describe safeguards that would ensure accountability. Would the Hub and service provider functions exist in different units within the applicant organization? Would there be shared staff? Would the unit responsible for the Hub be subordinate to or under the authority of the unit responsible for service provision? (Note: The CHRC strongly discourages shared staff between Hubs and service providers and advises that the unit responsible for the Hub not be subordinate to or under the authority of the unit responsible for service provision.)

4. Fiduciary Capacity

- How is the applicant organization currently funded?
- Describe the applicant's internal systems and software for fiscal management.
- Describe the applicant's capacity to potentially leverage additional sources of funding for Hub activities.
- Describe the applicant's procurement timeline. If awarded a Partnership grant under a future RFA, how much time would be required to distribute funds to service providers as subgrantees?

5. Data Capacity

- Describe the applicant's current systems for collecting and reporting data, including any software systems.
- Provide examples of measures currently collected and reported.
- Describe the applicant's experience analyzing data from such sources as the Youth Risk Behavioral Surveillance (YRBS) survey, MSDE school survey, MSDE attendance and discipline data, Chesapeake Regional Information System for our Patients (CRISP), Medicaid claims data, etc.
- Describe any request for modest, one-time upgrades to IT systems in order to implement the pilot program. Note: In future years, Hubs may be required to utilize a common platform; as such, requested investments in data systems should be minimal.

6. Budget Spreadsheet and Narrative

- Please use CHRC templates. You may add or remove rows as applicable.
- The CHRC anticipates that the amount awarded for each Hub grant will be in the range of $300,000 to $500,000 over a 12-month period.

- The CHRC will examine budget requests closely and may request revisions on a case-by-case basis prior to making final awards.

7. **Mandatory Appendices**
    a. Copy of existing community needs assessment prepared by the applicant.
    b. Letter of support from Local Education Agency
    c. Copy of current or draft MOU with LEA (if applicable).
    d. List and brief description of relevant programs currently supported, including any Tier 1 interventions.
    e. Copy of applicant's overall organizational budget including all sources of funding.
    f. List/table of all current grants received that the applicant has received and is currently implementing. Please include source of funding, funding amount, time period of grant, one-sentence description, and whether the grant is renewable.
    g. List/table of all current grants that the applicant has awarded to other groups and is currently monitoring. Please include original source of funding, funding amount, time period of grant, one-sentence description, and whether the grant is renewable.

- **Optional Appendices**
    a. Letter of support from the LBHA/LMB not applying to be the Hub
    b. Letters of support from other child-serving agencies

- **Additional materials listed on page 35-36.**

Scoring Rubric – Hub Capacity-Building Grants

Criteria	Score
1. Experience coordinating a broad array of behavioral health services in schools	20
2. Experience as a fiduciary	20
3. Experience collecting and reporting data	20
4. Collaboration and community consensus	20
5. Budget and staffing plan are reasonable	20
TOTAL	**100**

V: Track 3: Grants to Service Providers

This RFA will provide direct funding for coordinated community supports service providers in areas of the state that are not eligible for Community Supports Partnerships grants. A list of jurisdictions eligible for service provider grants is included in Appendix D. The CHRC will not consider applications for direct funding for service providers in areas of the state to be covered by a Community Supports Partnership; service providers in these areas must work through their Hub or CSP.

Service provider applicants may request grants for more than one jurisdiction; however, a separate application must be submitted for each jurisdiction to be served.

Applicants are required to demonstrate that their programs respond to documented local needs and priorities. Applicants should use Needs Assessments and other data to justify their programming (see Appendix J).

All applicants must provide a letter of support signed by their local Superintendent or the Superintendent's designee that demonstrates genuine collaboration and alignment with their Local Education Agency (LEA). LEAs are encouraged to communicate clear priorities for their school districts and work with service providers on proposals that will address unmet needs. Collaboration can be demonstrated by identifying specific meeting dates, points of contact, commitments about when and where services will be provided, clear understandings about any physical space requirements, EBP requirements, and details about the respective roles and responsibilities of the school(s) and service provider. Specific schools should be identified if possible, including commitments from school principals. LEAs may provide additional guidance to grantees after awards are made to ensure the equitable distribution of services to schools across their jurisdictions. LEAs are asked to attest that grant funding would not supplant existing funding for student behavioral health. A sample letter is provided in Appendix I. Service provider applicants also should demonstrate collaboration with their LBHA, LMB, and/or other local child-serving agencies.

Funds from this grant may not supplant current funding for services and supports. Funds may be requested to sustain programs launched through the CHRC/Consortium's previous Request for Applications. Grant funds may be requested for new or existing programs. An established program currently funded through another source can receive grant funding under this Request for Applications if the funding represents an expansion of services or an increase in the number of individuals served. When possible, Medicaid reimbursement should be sought, and grant funding should support activities that are not Medicaid reimbursable.

All services do not need to be provided in the school building but must be strategically coordinated via ongoing and regular communication and collaboration with the district and schools to augment their existing Multi-Tiered System of Supports (MTSS). If applicable, applicants are encouraged to include in their proposals plans for transportation of students and/or family members to services and may request grant funding to this end.

This RFA will support interventions at each of the three tiers of the MTSS: Tier 1 (universal promotion/prevention), Tier 2 (early intervention), and Tier 3 (treatment). Providers are ***not*** required to offer supports and services at each tier. See pages 10-11 for more information about MTSS.

Service Provider Proposal Requirements

Project proposals should be clear and concise, single spaced, in 11- or 12-point font. Proposals should be approximately 10-12 pages (approximately 5,000 words or less), excluding table of contents, executive summary, budget, and appendices. Brevity is encouraged. All pages of the proposal must be numbered.

The project proposal should be structured using these topic headings:

- Table of contents (not included in page/word limit)
- Executive Summary (300-500 words, not included in page/word limit)
- Current CHRC/Consortium grantees only: Prior grant performance (300-800 words, not included in page/word limit)
- Proposal:
    1. Background and Justification
    2. Organizational Capacity
    3. Financial Capacity
    4. Project Plan
    5. Coordination/Integration
    6. Engagement with students and families
    7. Ability to demonstrate measurable outcomes
    8. Project Budget and Budget Justification (not included in page/word limit)

- Mandatory Appendices
    a. Letter of support from local Superintendent or Superintendent's designee (see sample letter in Appendix I); letters jointly signed by LEA and LBHA/LMB are strongly encouraged
    b. Resumés of key staff
    c. If indicated in application, sliding scale fee schedule
    d. Current grantees only: copy of Milestones & Deliverables report for October – December 2025, M&D Guide, Quarter 2 Report
- Optional Appendices
    a. Additional letters of support from LBHA, LMB, Local Health Department, County Executive, County Council, other child-serving agencies, implementation partners, and/or community organizations
    b. Letters of support from principals of schools where services will be offered
- Additional materials listed on pages 35-36.

Detailed instructions follow.

Executive Summary (300-500 words, not included in page/word limit)

- What jurisdiction(s) will be served?
- How many total unduplicated students will receive grant-funded services? (see definition in Appendix H).

- How many of these unduplicated individuals will receive services at each of the three MTSS Tiers: Tier 1 (universal/prevention), Tier 2 (brief/small group), and Tier 3 (individual)? See pages 10-11.
- Briefly describe the priorities and unmet needs that the program proposes to address.
- What is the program's overall focus?
- What key services will be provided (see pages 12-13)?
- What key Evidence-Based Programs will be implemented (see pages 13-14)? How is the organization planning for staff training and on-going implementation support in the EBP(s), including participation in EBP implementation support calls? How will the EBP(s) be utilized in programming and implemented with fidelity?
- Briefly describe how the program will integrate with existing services in the school and community.
- Funding amount requested and brief description of other sources of funding (Medicaid, commercial insurance, local grants, in-kind, etc.).

Prior grant performance (current CHRC/Consortium grantees only**,** 300-800 words, not included in page/word limit)

- Describe accomplishments under the current grant, qualitative and quantitative.
- Describe any proposed changes to the current grant-funded program.
- Describe any lessons learned during the current grant and how those lessons would be applied in a future grant.
- Describe applicant's efforts to maximize Medicaid revenue during the current grant period.
- Include in the appendix a copy of the applicant's:
    - Milestones & Deliverables report covering October – December 2025;
    - current M&D guide; and
    - Progress Report #2, covering October – December 2025.

1. Background and Justification

- Briefly describe the population(s) to be served (*i.e.*, demographics, insurance coverage, income levels, etc.).
- Provide evidence that the proposed program responds to a documented local priority.
    - Applicants may use community health needs assessments, LBHA and/or LMB Needs Assessments, Community Schools Needs Assessments, information from LEAs, and/or other sources to describe the unmet needs and priorities. Use quantitative and/or qualitative data. Recommended data sets are included in Appendix J – select a few data points that best highlight the need for the program; do not include every measure.
- If applicable, list the schools that will receive services and explain the reasoning for selecting these schools.
- Will certain sub-groups of students/families within those schools be prioritized? Why? How?
- How will the proposed services address health equity?

2. Organizational Capacity

- Briefly describe the organization's mission, structure, and governance.
- Describe the organization's history of supporting youth and adolescent behavioral health. Describe the organization's history of working in schools. Describe the organization's history of working with the target community.
- Describe the organization's staff. Include information about staff training and cultural and linguistic competency. Describe the extent to which the staff reflects the community served. Provide an organizational assessment of racial and ethnic minority representation and cultural competency among the organization's staff and/or the organizational approach to achieve racial and ethnic diversity proportional to the community served.
- Describe the qualifications and licensure of key staff. Provide resumés of up to five key staff in the appendix.

3. Financial Capacity

- Briefly describe the organization's history of financial management.
- Does the organization currently bill Medicaid? If so, include Medicaid provider number. Describe existing capacity to bill Medicaid and any barriers to Medicaid billing. Which services will be eligible for Medicaid reimbursement? Which services are not billable? (Note: Medicaid billing is not a prerequisite; applicants that do not bill should briefly explain the reasons.)
- Applicants are asked in the cover sheet to describe how grant funds may complement any anticipated Medicaid revenues. Restate information from the cover sheet and provide more detail as needed.
- How are any anticipated Medicaid revenues accounted for in the proposed budget *(i.e.*, budget does not request grant funding for portions of FTEs that will be funded through anticipated Medicaid revenues)?
- If applicable, will a sliding scale fee schedule be supported? If so, include sliding scale fee schedule in the appendix.
- If applicable, will private commercial insurance be billed? If so, will grant funds be used to pay co-pays to private insurers according to an income-based sliding scale fee schedule? Describe how co-pay support will document client need (*i.e.*, a client hardship form to request copay support, etc.). How are these anticipated revenues reflected in the proposed budget (*i.e.*, budget does not request grant funding for portions of FTEs that will be funded through anticipated Medicaid revenues, budget includes co-pay support only, etc.)?
- What other sources of funding will support the organization's existing and new school-based services (e.g., local support, other grants, hospital community benefit, etc.)? How will grant funding from this RFA be blended with funding from other sources? Describe any in-kind support that will be provided. Will matching funds be provided by the applicant?
- Applicants must fill out, sign, and attach the CHRC legal and financial disclosure form.

4. Program design and prospects for success

- Which services will be provided? Be clear and concise. Note: proposals that are overly complex may be less likely to be awarded under this RFA.

- What date will services begin? To what extent is the program ready to start in the first quarter of the school year?
- How many total unduplicated youth, families, and others will receive grant-supported services (see definition of Unduplicated Individuals Served in Appendix G, page 3)? How many of these unduplicated individuals will receive services at each of the three tiers of MTSS (see pages 10-11). Briefly describe your methodology for developing these estimates and how you will ensure students are not counted more than once. For returning grantees, how many new students will be served, and how many students from the previous year will continue to be served?

	Tier 1	Tier 2	Tier 3	Total
A: Number of students served through the applicant's current Consortium grant (if applicable)				
B: Number of students served through the current grant who will continue to be served under the next grant, if awarded				
C: Number of new students to be served under the next grant, if awarded				
D: Total number of students to be served through the next grant, if awarded (B+C)				

- Where will services be provided? If applicable, describe commitment from schools to make confidential spaces available. If services will not be provided in the school building, describe means to facilitate access to services (e.g., transportation, etc.).
- What times during the day will services be provided? If applicable, describe commitment from schools to permit students to receive services during these times. Will services be provided over the summer?
- What evidence-based strategies will be used (see menus of Priority and Recommended evidence-based programs in Appendix F)? How is the organization planning for staff training and on-going implementation support in the EBP(s)? How will the EBP(s) be utilized in programming and implemented with fidelity? Be specific.
- Discuss the organization's plans for meeting EBP training and implementation expectations (see Appendix F). In addition to initial EBP trainings, grantees should expect 60-minute EBP implementation support calls quarterly. Budgets and staffing plans should reflect this commitment.
- Discuss the organization's willingness and commitment to participate in training, technical assistance, and grant monitoring provided or coordinated by the CHRC, Consortium, and NCSMH. Grantees should plan for CHRC mandatory technical assistance calls approximately once per month for 90 minutes, as well as individual consultations and optional grantee office hours. Budgets and staffing plans should reflect these commitments.
- What other strategies will be used, and how are they justified (see pages 12-14)?

- How will the program address challenges in hiring and retaining behavioral health staff (see page 16)?
- How will referrals be made to the program? How will services be "marketed" to families and school staff?

5. Coordination/Integration

- Describe collaboration with the Local Education Agency (LEA) in developing the proposal, including specific meeting dates. How will school staff be involved in the implementation of the program? How will student information be shared with school staff?
- How will the proposed program integrate with existing behavioral health services and supports for the target population and the identified schools? How will the proposed program avoid duplication?
- Describe all partners who will be involved in the program, including referral partners and others. Describe the processes and organizational structures that will be put into place to ensure that the partnership(s) are effective. Include letters of commitment in the appendix. How will information be shared between partner organizations?
- Will the program address the holistic needs of children and families, including medical needs and non-medical Social Determinants of Health? Describe any referral relationships.
- Will Community Schools be served (see Attachment L)? If so, how will the program integrate with services provided by Community Schools? If applicable, how does the program respond to Needs Assessments developed by Community Schools?
- Discuss any reservations about working with a local Partnership Hub organization in the future.
- The appendix must include a letter of support from the Superintendent or the Superintendent's designee. Include a name and contact information for the LEA. Joint letters from LEAs and Local Behavioral Health Authorities (LBHAs) and Local Management Boards (LMBs) are highly encouraged. A sample letter is included in Appendix I.

6. Engagement with families and communities

- How is youth voice incorporated in the design and implementation of the program?
- Describe the extent to which families and communities were consulted in program design.
- How will feedback from families and communities be collected and incorporated into future programming?
- How will parents and families be involved in treatment plans, if applicable?
- Please include in the appendix any letters of support from key community agencies and organizations (e.g., community-based organizations, Departments of Social Services, etc.)

7. Ability to demonstrate measurable outcomes

- Describe the organization's capacity for data management and outcomes reporting. What data systems will be used? Note: Grant funding may be requested for data systems.
- Comment on the organization's ability to collect and report standardized data measures on pages 15-16. Discuss any measures that will not be collected. Optional: What additional,

customized process and outcome measures could be collected to demonstrate the impact of this program?

- Which validated assessment tools will be used to demonstrate impact? (See Appendix G)
- Describe how the organization currently conducts self-assessment as part of continuous quality improvement efforts. If applicable, describe support needed to build the organization's evaluation capacity. Note: grantees will be required to consult with the CHRC and NCSMH to review data and assessment strategies.
- How will student and family satisfaction be measured? Please include a copy of any satisfaction survey in the appendix.
- Does the organization utilize an EMR system?
- How will the program ensure that the count of individuals/families served is unduplicated?

8. Project Budget and Budget Justification

- Please use CHRC templates. You may add or remove rows as applicable.
- Note: The average award amount during the last round of service provider grants was approximately $750,000.
- The CHRC will examine budget requests closely and may request revisions on a case-by-case basis prior to making final awards.

Appendices and additional materials (see pages 35-36)

Scoring Rubric – Service Providers

Criteria	Score
1. Responds to documented local priority; promotes health equity; prioritized by LEA	15
2. Organizational capacity: history of working with students and schools, cultural and linguistic competency, financial capacity	15
3. Program design: use of EBPs and/or other strategies, holistic approach, referral process	10
4. **Program feasibility and prospects for success**: starting date for services, staffing plan, coordination with school system on service implementation	10
5. Priority EBP and/or Measurement-Based Care learning community are selected and integrate well into planning and programming	5
6. Coordination/Integration: integration and alignment with existing programs, ability to be a "team player"	10
7. Evidence of engagement with schools, families, and communities in the planning and execution of programming	10
8. Ability to demonstrate measurable outcomes	15
9. Budget is reasonable and commensurate with project impact, maximizes Medicaid revenue attainment where appropriate, reflects Medicaid and other revenues in budget as applicable, good return on investment	10
TOTAL	**100**

VI. How to Apply – All Tracks

Full application requirements: Full grant applications must include the following items:

1. Transmittal Letter: This letter from the applicant organization's chief executive officer should specify the title of the proposal, the applicant organization, and the project director and state that the applicant organization understands that submission of a proposal constitutes acceptance of the terms of the grants program.

2. Grant Application Cover Sheet: Cover sheets will be submitted electronically through the Smartsheet accessible at this URL: https://app.smartsheet.com/b/form/ba63917a1c2f45a7ad6f826c504fd533. Applicants may print a copy to include with their application package. Cover sheets should only be submitted as part of complete grant applications.

3. Grant proposal including Executive Summary (if applicable), Table of Contents, Budget Template (spreadsheet), Budget Narrative, and Required and Optional Appendices, including Letters of Support (if applicable): See requirements for the applicant's Track.

4. Other required submission materials for ALL proposals:

Applicants applying as a Track 1 full Community Supports Partnership should submit these documents for each of the proposed service provider subgrantees included in the application.

> **(A) Contractual Obligations, Assurances, and Certifications:** The agreement should be completed and signed by either the chief executive officer or the individual responsible for conducting the affairs of the applicant organization and authorized to execute contracts on behalf of the applicant organization. LINK to form
>
> **(B) IRS Form W-9**
>
> **(C) Legal, financial, and regulatory compliance disclosure, including all required attachments:** LINK to form
>
> **(D) Most recent IRS Form 990** – Return of Organization Exempt from Income Taxes, OR if an IRS Form 990 form is not required to be filed, the most recent Business Tax Return.
>
> **(E) Audited financial statements,** including Findings and Management Letter from an independent auditor (preferred) OR most recent final internal Financial Audit package OR most recent unaudited Income Statement AND Balance Sheet. If an audit is not available, include a statement detailing why.

(F) Certificate of Good Standing from the Maryland Department of Assessments and Taxation, dated within one year of the RFA submission due date. Screenshots from the SDAT website will not be accepted.

(G) Behavioral health license, if the applicant is licensed

5. Optional items for submission:

(A) Internal organizational governance policies covering (1) compensation, (2) conflicts of interest, and (3) financial oversight.

Electronic Submission: Full grant applications (see components listed below) must be submitted to the CHRC via Smartsheet no later than **3:00 p.m. EST, on February 11, 2026**. Applicants may request an official confirmation of receipt by emailing: **mdh.consortium@maryland.gov** to confirm and document the uploaded submission.

Requests for an extension of this time or date will not be granted. Applications received after the due date and time listed in this section will not be considered.

Applicants will upload the following files:

File 1: Signed Transmittal Letter
File 2: Grant Obligations & Assurances and Legal & Financial Disclosure (One file - 2 individual documents)
File 3: Executive Summary and Proposal (One file containing: Executive Summary, Table of Contents, Proposal) – see requirements for each Track, searchable PDF format preferred
File 4: Budget Template (Excel format)
File 5: Budget Narrative (PDF format)
File 6: Mandatory and Optional Appendices – see requirements for each Track, PDF format
File 7: Audited financial statements and/or IRS Form 990 or other applicable IRS tax filing (prefer both financial statements and tax return)
File 8: W-9
File 9: Certificate of Good Standing from the Maryland Department of Assessments and Taxation
File 10: Behavioral health license, if applicable

Courtesy Copy: The CHRC is requesting that applicants mail a "courtesy copy" of one original grant proposal, postmarked by close of business on February 11, 2026. The original hard copy full grant application must include a signed original of the items listed above.

The original grant application with all items listed above, and all appendices or attachments, must be bound together and labeled "Original." The original copy of all application documents should be comb bound or spiral bound with long edge binding. Do **not** use three ring binders.

The courtesy copy of the full grant application should be sent to CHRC staff at the address below:

Jen Clatterbuck, CHRC Administrator
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

Evaluation of applications will be performed by an ad hoc committee established for that purpose and based on the evaluation criteria set forth in this RFA. The CHRC reserves the right to utilize the services of individuals outside of the established evaluation committee for advice and assistance, as deemed appropriate. Applications will be evaluated based on each applicant's ability to demonstrate their capacity and ability to meet the criteria and expectations outlined in the RFA.

Funding within this fiscal year (FY 2027) is dependent on the availability of Maryland State Government appropriated funds, an acceptable grant application, and a decision that funding is in the best interest of the state.

* Applicants, including proposed subgrantee service providers organizations, that are not in good standing, or who are delinquent in meeting applicable registration and filing requirements with the Maryland Department of Assessments and Taxation, the Maryland Secretary of State, or the Maryland Board of Elections at the time the application is submitted will not be considered for a grant award.

*All information submitted as part of an application is subject to release under the Public Information Act (PIA). If you would like the Maryland Community Health Resources Commission to consider redactions in the event that your application is subject to a PIA request, submit a proposed PIA copy including justifications for each redaction and under what statute that justification is qualified for redaction.

Frequently Asked Questions Calls: A Frequently Asked Questions call for potential applicants will be held on **December 18, 2025, at 11:00 AM**. Zoom information can be found on page 9. The call will be recorded and posted on the CHRC website. A written list of Frequently Asked Questions will be posted on the CHRC website. Participation in these calls is not required for applicants. Applicants may submit questions in advance through this LINK.

CHRC staff members:

Mark Luckner, Executive Director
E-mail: mark.luckner@maryland.gov

Bob Lally, Chief Financial Officer
E-mail: bob.lally@maryland.gov

Megan Brown, Consortium Director
Email: megan.brown@maryland.gov

Amy Yakovlev, Deputy CFO
E-mail: amy.yakovlev@maryland.gov

Nicole Cronin, Consortium Deputy Director
E-mail: nicole.cronin@maryland.gov

Marie Scott, Consortium Deputy Director
Email: marie.scott@maryland.gov

Lorianne Moss, Program Manager
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Angelina Oputa, Program Manager
E-mail: angelina.oputa@maryland.gov

Jen Clatterbuck, CHRC Administrator
E-mail: jen.clatterbuck@maryland.gov

Emily Kilmon, Administrative Specialist
E-mail: emily.kilmon@maryland.gov

Michael Fay, Program Manager
E-mail: michael.fay@maryland.gov

Ed Swartz, Financial Advisor
E-mail: ed.swartz@maryland.gov

Nellie Washington, HERC Director
E-Mail: nellie.washington@maryland.gov

Henry Ross, Program Manager
E-Mail: henry.ross@maryland.gov

APPENDIX A.

Commissioners, Maryland Community Health Resources Commission

Destiny-Simone Ramjohn, PhD, CHRC Chair

Dr. Sadiya Muqueeth, CHRC Vice Chair

Michael Currie, Healthcare Consultant

Flor D. Giusti

Dr. Terris King, CEO and Founder, King Enterprise Group

David Lehr, Chief Strategy Officer, Meritus Health

Roberta "Robbie" Loker

TraShawn Thornton-Davis, MD, Assistant Service Chief, OB/GYN, DCSM, Mid-Atlantic Permanente Medical Group

Jonisha Toomer, LCPC, Executive Director, Right Step, LLC

Crystal Townsend, MPA, CEO, The Washington Home

Appendix B.

Members, Maryland Consortium on Coordinated Community Supports

David D. Rudolph, Chair, Maryland Consortium on Coordinated Community Supports

Laura Torres, Director of Primary Behavioral Health and Early Intervention Services, Behavioral Health Administration, Maryland Department of Health

Stephen Liggett-Creel, Senior Advisor to the Secretary, Maryland Department of Human Services

Mary Gable, Assistant Superintendent, Division of Student Support, Academic Enrichment, & Educational Policy, Maryland Department of Education

Destiny-Simone Ramjohn, PhD, Chair, Maryland Community Health Resources Commission

Derek Anderson, Director of Community Schools, Maryland Department of Education

Christina Bartz, Director of Community Programs, Choptank Community Health

Dr. Derek Simmons, Superintendent, Caroline County Public Schools

Laura McKenzie, Therapist, Kent County School Board Member

Dr. Donna Christy, Maryland State Education Association

Gail Martin, former Baltimore County Public Schools Team Leader, School Social Work

Dr. Katie Burkhouse, School Psychologist, Howard County Public Schools

Dr. John Campo, MD, Director of Mental Health, Johns Hopkins Children's Center, Johns Hopkins University Hospital

Sadiya Muqueeth, DrPH, Baltimore City Health Department and Vice Chair, Maryland Community Health Resources Commission

Perrie Briskin, Deputy Secretary, Healthcare Financing and Medicaid Director

Larry Epp, Ed.D., Director of Outcomes and Innovation, Families and Communities Service Line, Sheppard Pratt Health System

Debbie Marini, Director, Frederick County Department of Social Services

Michael A. Trader, **II,** Director of Planning, Quality, and Core Services, Worcester County Health Department

Cheryl R. Brooks, Principal, Baltimore County Schools

The Honorable Katie Fry Hester, Senator, Maryland State Senate

The Honorable Eric Ebersole, Delegate, Maryland House of Delegates

Dr. Maureen Ponce, President, MD School Counselors Association

The Consortium currently has three vacancies.

Appendix C.

Abbreviations

ADHD: Attention Deficit Hyperactivity Disorder
ACE: Adverse Childhood Experience
Blueprint: Blueprint for Maryland's Future legislation, Chapter 36 of 2021
CARE: Culturally responsive, Anti-Racist, and Equitable
CDC: Centers for Disease Control and Prevention
CHRC: Maryland Community Health Resources Commission
CJIS: Criminal Justice Information System
Consortium: Maryland Consortium on Coordinated Community Supports
CRISP: Chesapeake Regional Information System for our Patients
CSP or CSP Hub: Community Supports Partnership
DDA: Maryland Developmental Disabilities Administration
EBP: Evidence-Based Program
EIN: Employer Identification Number
ELL/ESL: English-Language Learner/English as a Second Language
EMR: Electronic Medical Records
FTE: Full Time Equivalent
FY: Fiscal Year
HPSA: Health Professional Shortage Area
HRSA: Health Resource and Services Administration
Health Services Cost Review Commission (HSCRC)
IEP: Individualized Education Program
Jurisdiction: a Maryland county or Baltimore City
LBHA: Local Behavioral Health Authority
LEA: Local Education Agency, or school district
LGBTQ+: lesbian, gay, bisexual, transgender, queer, or questioning persons or community
LMB: Local Management Board
MANSEF: Maryland Association of Nonpublic Special Education Facilities
MBC: Measurement Based Care
MBC LC: Measurement Based Care Learning Community
M&D: Milestones & Deliverables
MDH: Maryland Department of Health
MOU: Memorandum of Understanding
MSDE: Maryland State Department of Education
MTSS: Multi-Tiered System of Supports
NCSMH or National Center: National Center for School Mental Health
Partnerships: Community Supports Partnerships
PHI: Protected Health Information
PII: Personally Identifiable Information
RFA: Request for Applications, previously called Request for Proposals or Call for Proposals (RFP)
RFP: Request for Proposals, or Call for Proposals; now called Request for Applications (RFA)
SAHIE: Small Area Health Insurance Estimates program
SDOH: Social Determinants of Health

Appendix C.

SHAPE: School Health Assessment and Performance Evaluation, assessment developed by NCSMH, https://theshapesystem.com
TA: Technical Assistance
TCM+: Targeted Case Management Plus
YRBS: Youth Risk Behavior Surveillance System

Appendix D.

How To Apply – By Jurisdiction

Track 1 – service providers should contact the Community Supports Partnership (CSP)/Hub pilot. The CSP/Hub pilot will submit an omnibus application to the CHRC for the Partnership as a whole, including service providers.
Track 2, 3 – applicants should contact the Local Education Agency (LEA) for a letter of support and apply directly to the CHRC. Hub pilot is listed as a point of contact for Needs Assessment and other information.

Jurisdiction	Eligible Application Track	Point of contact for applicants
Allegany Co.	1	Community Supports Partnership: Fred Polce, Fred.Polce@maryland.gov and Katherine Shadel, katherine.shadel@maryland.gov
Anne Arundel Co.	1	Community Supports Partnership: Marcie Gibbons, mgibbons@aamentalhealth.org and Adrienne Mickler, mhmick00@aacounty.org
Baltimore City	1	Hub pilot: Ashley Coston, Procurement Manager, Ashley.Coston@bhsbaltimore.org
Baltimore Co.	1	Hub pilot: Cindy Le, cle@baltimorecountymd.gov
Calvert Co.	2,3	LEA: Tiffany McFarland, mcfarlandt@calvertnet.k12.md.us
Caroline Co.	1	Community Supports Partnership: Brigitte Kealy, bkealy@midshorebehavioralhealth.org
Carroll Co.	1	Hub pilot: Corey Hood, chood@carrollcountymd.gov
Cecil Co.	1	Hub pilot: Nicole Ramey, nicole.ramey2@maryland.gov
Charles Co.	2,3	LEA: Dr. Mike Blanchard, Supervising School Psychologist, mblanchard@ccboe.com
Dorchester Co.	1	Community Supports Partnership: Brigitte Kealy, bkealy@midshorebehavioralhealth.org
Frederick Co.	1	Hub pilot: Amanda Adams, akadams@frederickcountymd.gov
Garrett Co.	1	Community Supports Partnership: Fred Polce, Fred.Polce@maryland.govand Katherine Shadel, katherine.shadel@maryland.gov
Harford Co.	1	Community Supports Partnership: Laurie Rajala, lrajala@harfordmentalhealth.org
Howard Co.	1	Community Supports Partnership: Mia Pierson, mpierson@howardcountymd.gov

Appendix D.

Kent Co.	1	Community Supports Partnership: Brigitte Kealy, bkealy@midshorebehavioralhealth.org
Montgomery Co.	1	Hub Pilot: Sara Rose, sara.rose@montgomerycountymd.gov
Prince George's Co.	2,3	LEA: YCFT@pgcps.org
Queen Anne's Co.	1	Community Supports Partnership: Brigitte Kealy, bkealy@midshorebehavioralhealth.org
Somerset Co.	1	Community Supports Partnership: Christen Barbierri, LMSW, christen.barbierri@maryland.gov
St. Mary's Co.	1	Community Supports Partnership: Tammy Loewe, tammym.loewe@maryland.gov; Jaime Barnes, jaimel.barnes@maryland.gov; Sarah Winter-Kolbe, sarah.winter-kolbe@maryland.gov; Deosia Scriber, deosia.scriber@maryland.gov
Talbot Co.	1	Community Supports Partnership: Brigitte Kealy, bkealy@midshorebehavioralhealth.org
Washington Co.	1	Hub Pilot: Tyrell Wilson, tyrellw@wcmha.org
Wicomico Co.	2,3	LEA: Kim Miles, Assistant Superintendent for Student & Family Services, kmiles@mywcps.org
Worcester Co.	1	Community Supports Partnership: Christen Barbierri, LMSW, christen.barbierri@maryland.gov

Appendix E

Budget Form Template for Track 1 Hubs with full Community Supports Partnerships
Coordinated Community Supports RFA #4

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Organization Name: **Input Jurisdiction(s) County Community Supports Partnership**

Revenue Sources to Fund Total Project Cost (Hub and Service Providers) **Input data in Revenue Source Line Items in Light Blue**	**Revenue** **(July 1, 2026 - June 30, 2027)**	**% of Total Project Cost**
CHRC Grant Funding Request		**0%**
Patient/Program Revenues/Income Collected - **Service Providers**		0%
Other Grant/Funding Support - **Service Providers**		0%
Organization Match (In Kind) - **Service Providers**		0%
Other Grant/Funding Support - **Hub**		0%
Organization Match (In Kind) - **Hub**		0%
Total Revenue Sources to Fund Total Project Cost (Hub and Service Providers)	**$0**	**0%**

Input data in Line-Item Budget for Total Project Cost and CHRC Grant Funding Request in light blue **(new rows may only be added for Personnel Salary and Contractual line items)**	**Total Project Cost** **(July 1, 2026 - June 30, 2027)**	**CHRC Budget Request** **(July 1, 2026 - June 30, 2027)**
Personnel Salary [Enter the requested information for each position type and applicable FTEs that are **W-2 employees of the Hub. Routine time off taken** (vacation and short-term sick time) **can be charged to the grant,** but **extended leave should not be charged to the grant** since it would be covered under reported fringe benefits expenses.]		
Position Type 1		
Position Type 2		
Position Type 3		
Position Type 4		
Position Type 5		
Position Type 6		
Position Type 7		
Position Type 8		
Position Type 9		
Position Type 10		
Personnel Salary Subtotal	**$0**	**$0**
Personnel Fringe Benefits (up to 25% of Personnel costs for only **W-2 employees of the Hub** listed in personnel salary section above)		
Personnel Fringe Benefits % of Overall Personnel Salary	0.0%	0.0%
Total Hub Salary & Fringe Benefits Expense	**$0**	**$0**
Total Hub Salary & Fringe Benefits Expense % of Total Expenses	0.0%	0.0%
Equipment/Furniture/IT & Telecom/Minor Infrastructure Improvements/Vehicle(s)		
a. Equipment		
b. Furniture		
c. IT/Telecom		
d. Minor Infrastructure Improvements		
e. Vehicle(s)		
Total Hub Equipment/Furniture/IT & Telecom/ Minor Infrastructure Improvements/ Vehicle(s)	**$0**	**$0**
Total Hub Equipment/Furniture/IT & Telecom/ Minor Infrastructure Improvements/ Vehicle(s) % of Total Expenses	0.0%	0.0%
Total Hub/Partnership Supplies		
Total Hub/Partnership Supplies % of Total Expenses	0.0%	0.0%
Total Hub Travel/Mileage/Parking (Hub staff related costs)		
Total Hub Travel/Mileage/Parking % of Total Expenses	0.0%	0.0%
Total Hub Staff Training/Development (includes employee certifications and employee travel/lodging related costs to conferences, training sessions, etc.; excludes trainings associated with 15 Priority EBPs and salaries related to W-2 employees attending training)		
Total Hub Staff Training/Development % of Total Expenses	0.0%	0.0%
Contractual - Hub Costs Only (>$5k itemize below with details in budget justification; **excludes W-2 employees of the Hub**)		
a. Contractual 1 Hub Costs Only		
b. Contractual 2 Hub Costs Only		
c. Contractual 3 Hub Costs Only		
d. Contractual 4 Hub Costs Only		
e. Contractual 5 Hub Costs Only		
Total Contractual Expenses - Hub Costs Only	**$0**	**$0**

Appendix E

Budget Form Template for Track 1 Hubs with full Community Supports Partnerships
Coordinated Community Supports RFA #4

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Organization Name: **Input Jurisdiction(s) County Community Supports Partnership**

Revenue Sources to Fund Total Project Cost (Hub and Service Providers) Input data in Revenue Source Line Items in Light Blue	Revenue (July 1, 2026 - June 30, 2027)	% of Total Project Cost
CHRC Grant Funding Request		**0%**
Patient/Program Revenues/Income Collected - **Service Providers**		0%
Other Grant/Funding Support - **Service Providers**		0%
Organization Match (In Kind) - **Service Providers**		0%
Other Grant/Funding Support - **Hub**		0%
Organization Match (In Kind) - **Hub**		0%
Total Revenue Sources to Fund Total Project Cost (Hub and Service Providers)	**$0**	**0%**

Input data in Line-Item Budget for Total Project Cost and CHRC Grant Funding Request in light blue (new rows may only be added for Personnel Salary and Contractual line items)	Total Project Cost (July 1, 2026 - June 30, 2027)	CHRC Budget Request (July 1, 2026 - June 30, 2027)
Total Contractual Expenses - Hub Costs Only % of Total Expenses	0.0%	0.0%
Contractual - Service Provider Total Budgets (itemize below for Service Provider Sub-Grantees with details in budget justification)		
a. Service Provider Sub Grantee 1 Total Budget Costs		
b. Service Provider Sub Grantee 2 Total Budget Costs		
c. Service Provider Sub Grantee 3 Total Budget Costs		
d. Service Provider Sub Grantee 4 Total Budget Costs		
e. Service Provider Sub Grantee 5 Total Budget Costs		
f. Service Provider Sub Grantee 6 Total Budget Costs		
g. Service Provider Sub Grantee 7 Total Budget Costs		
h. Service Provider Sub Grantee 8 Total Budget Costs		
i. Service Provider Sub Grantee 9 Total Budget Costs		
j. Service Provider Sub Grantee 10 Total Budget Costs		
Total Contractual Expenses - Service Provider Total Budgets	**$0**	**$0**
Total Contractual Expenses - Service Provider Total Budgets % of Total Expenses	0.0%	0.0%
Total Hub/Partnership Program Marketing Related Expenses		
Total Hub/Partnership Program Marketing Related Expenses % of Total Expenses	0.0%	0.0%
Total Hub/Partnership Other Expenses (expenses that do not fit in any of the other direct expense categories outlined above (i.e.; expenses associated with employee background checks/finger printing, participant incentives, etc.)		
Total All Hub/Partnership Other Expenses % of Total Expenses	0.0%	0.0%
Total Hub/Partnership Indirect Costs: up to 15% of direct costs (direct costs = total costs minus indirect costs; indirect cost rates above 15% refer to Budget Narrative and RFA)		
Hub/Partnership Indirect Costs % of Hub/Partnership Direct Costs	0.0%	0.0%
Overall Total Partnership Cost and CHRC Total Funding Request (must tie back to total partnership cost and total CHRC grant funding request amount which is above in rows 12 and 6)	**$0**	**$0**
TOTAL EXPENSES FOR REPORTING PERIOD - Includes Hub Only	**$0**	**$0**
TOTAL EXPENSES FOR REPORTING PERIOD - Includes Service Providers Only	**$0**	**$0**
CHRC Funding Request Percentage of Organization's Total Partnership Cost		**0%**

Budget Narrative Template for Track 1 Hubs with full Community Supports Partnerships
Coordinated Community Supports Grant Application

Applicant Name:

Applicant is required to use this Budget Narrative Template and the provided excel CHRC Budget Template (see Track 1 Hubs with full Community Supports Partnerships). Hubs should add the Service Provider Budget Templates as additional sheets/tabs to the same workbook being used to populate the Hub budget.

All information in the following text box sections and tables should reflect information that ties to the CHRC Funding Request budget line-items in the Budget Template.

Grant funds cannot be used for: the purchase or lease of major equipment; construction projects; support of clinical trials; medical devices or drugs that have not received approval from the appropriate federal agency; or lobbying and political activity.

CHRC grant funds should **not** pay for activities already covered by other sources. Accordingly, the CHRC requires applicants to disclose other sources of funding that may partially or wholly support activities in their grant proposals. This includes any other state, federal, local, or private grant, as well as anticipated revenues, including Medicaid, Medicare, Commercial Insurance, Health Services Cost Review Commission (HSCRC), Maryland Department of Health (MDH), etc. CHRC funds should supplement and not supplant other sources of funding. As indicated in the RFA, **duplication of funding is prohibited**.

The CHRC will closely examine grant applications for potential duplicate funding, including an assessment of the applicant's request for indirect costs. Applicants may not request direct funding for any activities that are typically included in the organization's indirect cost pool/indirect rate. The CHRC will accept an indirect rate of **up to 15%** (unless the applicant qualifies for a higher indirect rate pursuant to Md. Code Ann., State Finance and Procurement § 2-208(c)), while also requiring applicants to describe activities to be covered within their indirect rate.

Notes

1) **You will only be required to input information in cells highlighted in light blue in your budget template.**
2) There will be several calculations in your budget template that do not require any action on your part.
3) **New rows can only be inserted within the Personnel Salary and Contractual expense categories** shown on the budget template. **Ensure formulas are picking up all numbers input into any new rows that are added on the budget template.**

Sustainability

The CHRC fully expects that grantees will braid in other sources of funding to ensure the long-term sustainability of projects and programs seeded with CHRC funding and continues to encourage grantees to leverage CHRC dollars to secure funding from other sources for the purpose of program sustainability. Proposals that have the potential to generate reductions in avoidable hospital utilization should be noted in the sustainability section of the proposal. Please comment on the potential or likelihood that cost savings

or retained revenue will be re-invested to support the project after initial CHRC grant funding has been expended. The CHRC is proud that over 75% of its grants have been sustained at least one year or more after the initial grant funding has been expended.

Organization Name

Provide in the **Track 1 Hubs with full Community Supports Partnerships Budget Template** the organization name. **Input the name of the Jurisdiction(s)** prior to Community Supports Partnership.

Revenues/Total Partnership Cost

Provide in the **Track 1 Hubs with full Community Supports Partnerships Budget Template** all project revenue sources in the requested funding period. **Revenue Sources/Total Project Cost is for both Hubs and Service Providers; Hub applicant needs to calculate these amounts based on the Service Provider budgets.** Revenue Details on what needs to be input in this schedule are outlined below.

Track 1 Hubs with full Community Supports Partnerships Budget Template: In the **Revenue Sources to Fund Total Project Cost top section** of the budget template, input the CHRC grant funding amount requested and any other types of anticipated revenue amounts (patient/program revenues/income collected, other grant/funding support, organization match, etc.) for the requested funding period that will fund the overall project cost. **The total revenue sources to fund total project cost (Hub and Service Providers) and CHRC grant funding revenue award amount requested needs to match the line-item budgets for total partnership cost and CHRC grant funding request.**

Provide in this **Budget Narrative Template** in the text box below a brief description of anticipated revenue (patient/program revenues/income collected, other grant/funding support, organization match, etc.) in the requested funding period that will fund the overall project cost.

Personnel Salaries – Hub Only

Provide in the **Track 1 Hubs with full Community Supports Partnerships Budget Template** salary dollars and Full Time Equivalent (FTE) details by position type for **only W-2 employees**. **Routine time off taken (vacation and short-term sick time) can be charged to the grant as a salary cost, but extended leave should not be charged to the grant under Personnel Salaries since it would be covered under reported fringe benefits expenses.** Contractual positions should not be included in the salary section but should be included as a line item in the Contractual section. Salary expenses should include all forms of compensation to Hub W-2 employees including services and/or training related to this grant, should not be duplicated by indirect costs, and should be netted by any other revenue sources (i.e., Other Grants, Medicare, Medicaid, etc.).

Provide in this **Budget Narrative Template** in the table below the position type, average salary cost per FTE, number of FTES, and a brief description of work to be performed by each position type. Identify in text box

below table any anticipated salary increases during the life of the grant (i.e., 3% COLA raises in second half of Year 1).

Position Type and Description of Work Performed	Avg Salary Dollars Per FTE	CHRC FTEs	CHRC Budget
Example 1 – Financial Analyst **Develop and update fiscal required reports and monitor/review grant expenditures for Hub and Sub-grantees under Hub.**	$75,000	0.5	$37,500

Complete the table below to show the breakout of FTEs by position type, type of support provided to this Hub grant program, and an indication of the number of FTEs already hired and number of FTEs that still need to be hired. Insert additional rows in table as needed. **The information shown in the table is sample data and should be replaced with your CHRC grant program Position/Type of Support Provided/FTE information requested.**

In Example 1 below, 1 individual is assumed to work as a Financial Analyst, the position is budgeted as a 0.5 FTE (i.e., 1 part-time individual), and will provide fiscal support to the grant program. In Example 2 below, 1 individual is assumed to work as a Program Manager, the position is budgeted as a 0.5 FTE (i.e., 1 part-time individual), and will provide support to manage the grant program.

Position Type	Type of Support Provided	Total CHRC FTEs	FTEs Hired to date	FTEs to be hired
Example 1 – Financial Analyst	Other Grant Support	0.5	0.5	0
Example 2 – Program Manager	Other Grant Support	0.5	0.5	0

Personnel Fringe Benefits – Hub Only

Budget Narrative Template for Track 1 Hubs with full Community Supports Partnerships
Coordinated Community Supports Grant Application

Provide in the **Track 1 Hubs with full Community Supports Partnerships Budget Template** a fringe benefits amount of up to 25% of overall personnel salaries. The fringe benefits percentage of overall personnel salaries of Hub W-2 employees will automatically calculate on the Budget Template. A fringe benefits rate includes the employer's costs for benefits beyond an employee's base salary, such as health insurance, retirement contributions, and social security and Medicare taxes. It also includes items like workers' compensation, unemployment insurance, and extended leave.

If the applicant requests **more than 25% of salary costs for fringe benefits**, the applicant will be required to provide a compelling rationale for exceeding this amount in this **Budget Narrative Template** in the text box below and provide other supporting documentation.

Equipment/Furniture/IT & Telecom/Minor Infrastructure Improvements/Vehicle(s) – Hub Only

Provide in the **Track 1 Hubs with full Community Supports Partnerships Budget Template** the applicable line items associated with any Equipment, Furniture, IT & Telecom, Minor Infrastructure Improvements, and/or Vehicle(s) costs (purchase or rental costs not included in indirect costs rate) for only the Hub.

Provide in this **Budget Narrative Template** in the text box below a brief description of any Equipment, Furniture, IT & Telecom Renovations, and/or Vehicle(s) costs with an explanation for the use of the item(s) to be purchased with grant funding in support of this project associated with the Hub only. Expenses budgeted in this category should align to one of the five-line items on the budget template: a) Equipment, b) Furniture, c) IT & Telecom, d) Minor Infrastructure Improvements, and e) Vehicle(s). Requested costs should relate to the portion of the costs supporting the CHRC grant program.

Supplies – Hub Only

Provide in the **Track 1 Hubs with full Community Supports Partnerships Budget Template** the overall supply costs to be used during the grant period that are associated with the Hub only. The supply costs do not need to be listed on separate line items in the Budget Template.

In this **Budget Narrative Template** in the text box below, list out all supply types and related costs and provide an explanation for each supply type that are associated with the Hub only.

Budget Narrative Template for Track 1 Hubs with full Community Supports Partnerships
Coordinated Community Supports Grant Application

Travel/Mileage/Parking – Hub Only

Provide in the **Track 1 Hubs with full Community Supports Partnerships Budget Template** the total costs for applicant employees that are associated with the Hub only.

In this **Budget Narrative Template** in the text below, identify costs and reasons for travel that are applicable to grant specific activities for Hub employees providing services under the grant (i.e., attending health fairs, community events, services provided under grant etc.).

Staff Trainings/Development – Hub Only

Provide in the **Track 1 Hubs with full Community Supports Partnerships Budget Template**, the overall staff trainings/development costs that are associated with the Hub only. These costs do not need to be listed on separate line items in the Budget Template.

In this **Budget Narrative Template** in the text box below, identify the type of training, position types that will receive the training, and costs related to the training. Explain how this training will benefit the project. This category includes travels costs related to employee training including employee certifications required to provide services under the grant and employee travel related costs (lodging, meals, transportation, parking, etc.) to conferences, training sessions, etc. Expenses budgeted in this category **should exclude salaries** paid to employees attending the training, as those amounts **should be included in the Personnel Salary expenses section of the budget**.

Applicants should not budget for training associated with the 15 Priority EBPs in which the Consortium and National Center for School Mental Health will provide training and implementation support. Applicants may budget for any travel/lodging costs related to training.

Contractual Expenses - Hub Costs Excluding Service Provider Costs

In the **Track 1 Hubs with full Community Supports Partnerships Budget Template** on separate line items, list contractual arrangements associated with the Hub only that are over $5,000 and the related costs. For contractual arrangements less than $5,000, input costs in All Other Contractual Arrangements < $5K line

Budget Narrative Template for Track 1 Hubs with full Community Supports Partnerships
Coordinated Community Supports Grant Application

items. This section should not include W-2 employees of the applicant. Contractual expenses associated with Service Provider grantees should be excluded from this section.

In this **Budget Narrative Template** for each contract more than $5,000, identify each individual vendor/contractor, the cost of the total contract, and a brief description of what type of service the contract is providing.

Individual Vendor/Contractor	Total Cost	Description of Service Contract Being Provided

Contractual Expenses - Service Provider Costs Only

In the **Track 1 Hubs with full Community Supports Partnerships Budget Template** on separate line items, list contractual arrangements associated with Service Provider Sub-Grantees and the total related costs. All direct and indirect costs (up to 15% of overall direct costs) that are budgeted for Service Provider grantees should be included in this section. Contractual expenses associated with a Hub should be excluded from this section.

In this **Budget Narrative Template** identify each individual service provider sub-grantee, the total related costs, and a brief description of what type of service the sub-grantee is providing.

Name of Sub-Grantee	Total Cost	Description of Service Sub-Grantee is Providing

Program Marketing Related Expenses – Hub Only

Provide in the **Track 1 Hubs with full Community Supports Partnerships Budget Template**, the overall program marketing related costs associated with the Hub only. These costs do not need to be listed on separate line items in the Budget Template.

In this **Budget Narrative Template** in the text box below, list out all marketing related costs (i.e., marketing, advertising, promotional materials/communications/ handouts related to the grant program, etc.) and provide an explanation for each marketing related cost type.

Budget Narrative Template for Track 1 Hubs with full Community Supports Partnerships
Coordinated Community Supports Grant Application

Other Expenses – Hub Only

Provide in the **Track 1 Hubs with full Community Supports Partnerships Budget Template**, the overall other costs associated with the Hub only.

In this **Budget Narrative Template** in the text below, identify in sufficient detail any other expenses that do not fit in any of the other direct expense categories outlined above. **Expenses associated with employee background checks and finger printing (if applicable), patient incentives, etc. should be included in this category.**

Indirect Costs – Hub Only

Indirect costs are for activities or services that may benefit more than one project. **Examples of indirect costs include utilities, insurance, rent, audit and legal expenses, equipment rental, and administrative staff.** The applicant should have internal controls in place to ensure expenses reported in the direct costs categories are not a duplication of reported indirect costs.

Provide in the **Track 1 Hubs with full Community Supports Partnerships Budget Template** indirect costs amount of up to 15% of overall direct costs that are associated with the Hub only. The indirect costs percentage of overall direct costs is automatically calculated on the Budget Template (direct costs = total costs minus indirect costs).

The CHRC will closely examine grant applications for potential duplicate funding, including an assessment of the applicant's request for indirect costs. Applicants may not request direct funding for any activities that are typically included in the organization's indirect cost pool/indirect rate. The CHRC will accept an indirect rate of **up to 15%** of direct costs related to the grant program (unless the applicant qualifies for a higher indirect pursuant to Md. Code Ann., State Finance and Procurement § 2-208(c)), while also requiring applicants to describe activities to be covered within their indirect rate.

Please provide in the table below types (dollar breakdown not required) of expenses included in your indirect costs request. **Any Indirect Costs associated with staffing expenses should include the name of the position type.** Insert additional rows in the table as needed.

Administrative Staff positions that are typically included in indirect costs are clerical, accounting, compliance, human resources, general IT, Senior level positions of the organization, (CEO, Executive Director, Medical Director, Operations leader, etc.), etc. **Any Administrative Staff positions not included in the indirect cost rate but are included in the budget as salaries, must perform duties directly required by the grant. Applicant must**

have controls to document time spent on the grant and the positions should not already be included in the indirect costs.

Categories of Indirect Costs (list out position type for staffing costs)
Example 1 - Utilities
Example 2 - Rent
Example 3 – Audit and Legal
Example 4 – Rental of Equipment (list the type of equipment on separate rows)
Example 5 – Administrative Staff (list the type of positions on separate rows)

Budget Form Template for Track 1 & 3 Service Provider - Coordinated Community Supports RFA #4

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Organization Name:

Revenue Sources to Fund Total Project Cost Input data in Revenue Source Line Items in Light Blue	Revenue (July 1, 2026 - June 30, 2027)	% of Total Project Cost
CHRC Grant Funding Request		**0%**
Patient/Program Revenues/Income Collected		0%
Other Grant/Funding Support		0%
Organization Match (In Kind)		0%
Total Revenue Sources to Fund Total Project Cost	**$0**	**0%**

Input data in Line-Item Budget for Total Project Cost and CHRC Grant Funding Request in light blue (new rows may only be added for Personnel Salary and Contractual line items)	Total Project Cost (July 1, 2026 - June 30, 2027)	CHRC Budget Request (July 1, 2026 - June 30, 2027)
Personnel Salary [Enter the requested information for each position type and applicable FTEs that are **W-2 employees of the project. Routine time off taken** (vacation and short-term sick time) **can be charged to the grant**, but **extended leave should not be charged to the grant** since it would be covered under reported fringe benefits expenses.]		
Position Type 1		
Position Type 2		
Position Type 3		
Position Type 4		
Position Type 5		
Position Type 6		
Position Type 7		
Position Type 8		
Position Type 9		
Position Type 10		
Personnel Salary Subtotal	**$0**	**$0**
Personnel Fringe Benefits (up to 25% of Personnel costs for only **W-2 employees of the project** listed in personnel salary section above)		
Personnel Fringe Benefits % of Overall Personnel Salary	0.0%	0.0%
Total Salary & Fringe Benefits Expense	**$0**	**$0**
Total Salary & Fringe Benefits Expense % of Total Expenses	0.0%	0.0%
Equipment/Furniture/IT & Telecom/Minor Infrastructure Improvements/Vehicle(s)		
a. Equipment		
b. Furniture		
c. IT/Telecom		
d. Minor Infrastructure Improvements		
e. Vehicle(s)		
Total Equipment/Furniture/IT & Telecom/ Minor Infrastructure Improvements/ Vehicle(s)	**$0**	**$0**
Total Equipment/Furniture/IT & Telecom/ Minor Infrastructure Improvements/ Vehicle(s) % of Total Expenses	0.0%	0.0%
Total Supplies		
Total Supplies % of Total Expenses	0.0%	0.0%
Travel/Mileage/Parking (relates to travel for grant activities but not employee travel related to training)		
a. Program Participants (Client Costs)		
b. Staff Costs		
Total Travel/Mileage/Parking	**$0**	**$0**
Total Travel/Mileage/Parking % of Total Expenses	0.0%	0.0%
Total Staff Training/Development (includes employee certifications and employee travel/lodging related costs to conferences, training sessions, etc.; excludes trainings associated with 15 Priority EBPs and salaries related to W-2 employees attending training)		
Total Staff Training/Development % of Total Expenses	0.0%	0.0%
Contractual (>$5k itemize below with details in budget justification; excludes W-2 employees of applicant/project)		
a.		
b.		
c.		
d.		
e.		
f.		
g.		

Budget Form Template for Track 1 & 3 Service Provider - Coordinated Community Supports RFA #4

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Organization Name:

Revenue Sources to Fund Total Project Cost Input data in Revenue Source Line Items in Light Blue	Revenue (July 1, 2026 - June 30, 2027)	% of Total Project Cost
CHRC Grant Funding Request		**0%**
Patient/Program Revenues/Income Collected		0%
Other Grant/Funding Support		0%
Organization Match (In Kind)		0%
Total Revenue Sources to Fund Total Project Cost	**$0**	**0%**

Input data in Line-Item Budget for Total Project Cost and CHRC Grant Funding Request in light blue (new rows may only be added for Personnel Salary and Contractual line items)	Total Project Cost (July 1, 2026 - June 30, 2027)	CHRC Budget Request (July 1, 2026 - June 30, 2027)
h.		
i.		
j.		
Total Contractual Expenses	**$0**	**$0**
Total Contractual Expenses % of Total Expenses	0.0%	0.0%
Total Program Marketing Related Expenses		
Total Program Marketing Related Expenses % of Total Expenses	0.0%	0.0%
Total Other Expenses (expenses that do not fit in any of the other direct expense categories outlined above (i.e.; expenses associated with employee background checks/finger printing, participant incentives, etc.)		
Total All Other Expenses % of Total Expenses	0.0%	0.0%
Total Indirect Costs: up to 15% of direct costs (direct costs = total costs minus indirect costs; indirect cost rates above 15% refer to Budget Narrative and RFA)		
Indirect Costs % of Direct Costs	0.0%	0.0%
Overall Total Project Cost and CHRC Total Funding Request (must tie back to total project cost and total CHRC grant funding request amount which is above in rows 10 and 6)	**$0**	**$0**
CHRC Funding Request Percentage of Organization's Total Project Cost		**0%**

Appendix E

Budget Narrative Template for Track 1 & 3 Service Provider Coordinated Community Supports Grant Application

Applicant Name:

Applicant is required to use this Budget Narrative Template and the provided excel CHRC Budget Template (see Track 1 & 3 Service Provider).

All information in the following text box sections and tables should reflect information that ties to the CHRC Funding Request budget line-items in the Budget Template.

Grant funds cannot be used for: the purchase or lease of major equipment; construction projects; support of clinical trials; medical devices or drugs that have not received approval from the appropriate federal agency; or lobbying and political activity.

CHRC grant funds should **not** pay for activities already covered by other sources. Accordingly, the CHRC requires applicants to disclose other sources of funding that may partially or wholly support activities in their grant proposals. This includes any other state, federal, local, or private grant, as well as anticipated revenues, including Medicaid, Medicare, Commercial Insurance, Health Services Cost Review Commission (HSCRC), Maryland Department of Health (MDH), etc. CHRC funds should supplement and not supplant other sources of funding. As indicated in the RFA, **duplication of funding is prohibited**.

The CHRC will closely examine grant applications for potential duplicate funding, including an assessment of the applicant's request for indirect costs. Applicants may not request direct funding for any activities that are typically included in the organization's indirect cost pool/indirect rate. The CHRC will accept an indirect rate of **up to 15%** (unless the applicant qualifies for a higher indirect rate pursuant to Md. Code Ann., State Finance and Procurement § 2-208(c)), while also requiring applicants to describe activities to be covered within their indirect rate.

Notes

1) **You will only be required to input information in cells highlighted in light blue in your budget template.**
2) There will be several calculations in your budget template that do not require any action on your part.
3) **New rows can only be inserted within the Personnel Salary and Contractual expense categories** shown on the budget template. **Ensure formulas are picking up all numbers input into any new rows that are added on the budget template.**

Sustainability

The CHRC fully expects that grantees will braid in other sources of funding to ensure the long-term sustainability of projects and programs seeded with CHRC funding and continues to encourage grantees to leverage CHRC dollars to secure funding from other sources for the purpose of program sustainability. Proposals that have the potential to generate reductions in avoidable hospital utilization should be noted in the sustainability section of the proposal. Please comment on the potential or likelihood that cost savings or retained revenue will be re-invested to support the project after initial CHRC grant funding has been expended. The CHRC is proud that over 75% of its grants have been sustained at least one year or more after the initial grant funding has been expended.

Budget Narrative Template for Track 1 & 3 Service Provider Coordinated Community Supports Grant Application

Organization Name

Provide in the **Track 1 & 3 Service Provider Budget Template** the organization name.

Revenues/Total Project Cost

Provide in the **Track 1 & 3 Service Provider Budget Template** all project revenue sources in the requested funding period. Details on what needs to be input in this schedule are outlined below.

Track 1 & 3 Service Provider Budget Template: In the **Revenue Sources to Fund Total Project Cost top section** of the budget template, input the CHRC grant funding amount requested and any other types of anticipated revenue amounts (patient/program revenues/income collected, other grant/funding support, organization match, etc.) for the requested funding period that will fund the overall project cost. **The total project cost amount and CHRC grant funding revenue award amount requested needs to match the line-item budgets for total project cost and CHRC grant funding request.**

Provide in this **Budget Narrative Template** in the text box below a brief description of anticipated revenue (patient/program revenues/income collected, other grant/funding support, organization match, etc.) in the requested funding period that will fund the overall project cost.

Personnel Salaries

Provide in the **Track 1 & 3 Service Provider Budget Template** salary dollars and Full Time Equivalent (FTE) details by position type for **only W-2 employees**. **Routine time off taken (vacation and short-term sick time) can be charged to the grant as a salary cost, but extended leave should not be charged to the grant under Personnel Salaries since it would be covered under reported fringe benefits expenses.** Contractual positions should not be included in the salary section but should be included as a line item in the Contractual section. Salary expenses should include all forms of compensation to Hub W-2 employees including services and/or training related to this grant, should not be duplicated by indirect costs, and should be netted by any other revenue sources (i.e., Other Grants, Medicare, Medicaid, etc.).

Provide in this **Budget Narrative Template** in the table below the position type, average salary cost per FTE, number of FTES, and a brief description of work to be performed by each position type. **The information shown in the table is sample data and should be replaced with your CHRC grant program Position/FTE/salary information requested.**

Identify in text box below table any anticipated salary increases during the life of the grant (i.e., 3% COLA raises in second half of Year 1).

Budget Narrative Template for Track 1 & 3 Service Provider Coordinated Community Supports Grant Application

Position Type and Description of Work Performed	Avg Salary Dollars Per FTE	CHRC FTEs	CHRC Budget
Example 1 – Therapist **Perform outreach work for students in the community.**	$85,000	5	$425,000

Complete the table below to show the breakout of FTEs by position type, type of support provided to this grant program, and an indication of the number of FTEs already hired and number of FTEs that still need to be hired. Insert additional rows in table as needed. **The information shown in the table is sample data and should be replaced with your CHRC grant program Position/Type of Support Provided/FTE information requested.**

In Example 1 below, 6 individuals are assumed to work as a Therapist, the position is budgeted for 5 FTEs (i.e., 4 full-time and 2 part-time individuals), and all 6 individuals will provide direct patient care services to the grant program. In Example 2 below, 1 individual is assumed to work as a Program Manager, the position is budgeted as a 0.5 FTE (i.e., 1 part-time individual), and will provide support to the grant program.

Position Type	Type of Support Provided	Total CHRC FTEs	FTEs Hired to date	FTEs to be hired
Example 1 – Therapist	Direct Patient Care	5	3	2
Example 2 – Program Manager	Other Grant Support	0.5	0.5	0

Personnel Fringe Benefits

Provide in the **Track 1 & 3 Service Provider Budget Template** a fringe benefits amount of up to 25% of overall personnel salaries. The fringe benefits percentage of overall personnel salaries of Hub W-2 employees will automatically calculate on the Budget Template.

If the applicant requests **more than 25% of salary costs for fringe benefits**, the applicant will be required to provide a compelling rationale for exceeding this amount in this **Budget Narrative Template** in the text box

Budget Narrative Template for Track 1 & 3 Service Provider
Coordinated Community Supports Grant Application

below and provide other supporting documentation. A fringe benefits rate includes the employer's costs for benefits beyond an employee's base salary, such as health insurance, retirement contributions, and social security and Medicare taxes. It also includes items like workers' compensation, unemployment insurance, and extended leave.

Equipment/Furniture/IT & Telecom/Minor Infrastructure Improvements/Vehicle(s)

Provide in the **Track 1 & 3 Service Provider Budget Template** the applicable line items associated with any Equipment, Furniture, IT & Telecom, Minor Infrastructure Improvements, and/or Vehicle(s) costs (purchase or rental costs not included in indirect costs rate).

Provide in this **Budget Narrative Template** in the text box below a brief description of any Equipment, Furniture, IT & Telecom Renovations, and/or Vehicle(s) costs with an explanation for the use of the item(s) to be purchased with grant funding in support of this project. Expenses budgeted in this category should align to one of the five-line items on the budget template: a) Equipment, b) Furniture, c) IT & Telecom, d) Minor Infrastructure Improvements, and e) Vehicle(s). Requested costs should relate to the portion of the costs supporting the CHRC grant program.

Supplies

Provide in the **Track 1 & 3 Service Provider Budget Template** the overall supply costs to be used during the grant period. The supply costs do not need to be listed on separate line items in the Budget Template.

In this **Budget Narrative Template** in the text box below, list out all supply types and related costs and provide an explanation for each supply type.

Travel/Mileage/Parking

Appendix E

Budget Narrative Template for Track 1 & 3 Service Provider Coordinated Community Supports Grant Application

Provide in the **Track 1 & 3 Service Provider Budget Template** on separate line items the total costs for program participants and for applicant employees.

In this **Budget Narrative Template** in the text below, identify costs and reasons for travel that are applicable to grant specific activities for Hub program participants and employees providing services under the grant (i.e., attending health fairs, community events, services provided under grant etc.).

Staff Trainings/Development

Provide in the **Track 1 & 3 Service Provider Budget Template**, the overall staff trainings/development costs. These costs do not need to be listed on separate line items in the Budget Template.

In this **Budget Narrative Template** in the text box below, identify the type of training, position types that will receive the training, and costs related to the training. Explain how this training will benefit the project. This category includes travels costs related to employee training including employee certifications required to provide services under the grant and employee travel related costs (lodging, meals, transportation, parking, etc.) to conferences, training sessions, etc. Expenses budgeted in this category **should exclude salaries** paid to employees attending the training, as those amounts **should be included in the Personnel Salary expenses section of the budget**.

Applicants should not budget for training associated with the 15 Priority EBPs in which the Consortium and National Center for School Mental Health will provide training and implementation support. Applicants may budget for any travel/lodging costs related to training.

Contractual

In the **Track 1 & 3 Service Provider Budget Template** on separate line items, list contractual arrangements that are over $5,000 and the related costs. For contractual arrangements less than $5,000, input costs in All Other Contractual Arrangements < $5K line items. This section should not include W-2 employees of the applicant.

In this **Budget Narrative Template** for each contract more than $5,000, identify each individual vendor/contractor, the cost of the total contract, and a brief description of what type of service the contract is providing.

Budget Narrative Template for Track 1 & 3 Service Provider Coordinated Community Supports Grant Application

Individual Vendor/Contractor	Total Cost	Description of Service Contract Being Provided

Program Marketing Related Expenses

Provide in the **Track 1 & 3 Service Provider Budget Template**, the overall program marketing related costs. These costs do not need to be listed on separate line items in the Budget Template.

In this **Budget Narrative Template** in the text box below, list out all marketing related costs (i.e., marketing, advertising, promotional materials/communications/ handouts related to the grant program, etc.) and provide an explanation for each marketing related cost type.

Other Expenses

Provide in the **Track 1 & 3 Service Provider Budget Template**, the overall other costs.

In this **Budget Narrative Template** in the text below, identify in sufficient detail any other expenses that do not fit in any of the other direct expense categories outlined above. **Expenses associated with employee background checks and finger printing (if applicable), patient incentives, etc. should be included in this category.**

Indirect Costs

Indirect costs are for activities or services that may benefit more than one project. **Examples of indirect costs include utilities, insurance, rent, audit and legal expenses, equipment rental, and administrative staff.** The applicant should have internal controls in place to ensure expenses reported in the direct costs categories are not a duplication of reported indirect costs.

Provide in the **Track 1 & 3 Service Provider Budget Template** indirect costs amount of up to 15% of overall direct costs. The indirect costs percentage of overall direct costs is automatically calculated on the Budget Template (direct costs = total costs minus indirect costs).

Budget Narrative Template for Track 1 & 3 Service Provider Coordinated Community Supports Grant Application

The CHRC will closely examine grant applications for potential duplicate funding, including an assessment of the applicant's request for indirect costs. Applicants may not request direct funding for any activities that are typically included in the organization's indirect cost pool/indirect rate. The CHRC will accept an indirect rate of **up to 15%** of direct costs related to the grant program (unless the applicant qualifies for a higher indirect pursuant to Md. Code Ann., State Finance and Procurement § 2-208(c)), while also requiring applicants to describe activities to be covered within their indirect rate.

Please provide in the table below types (dollar breakdown not required) of expenses included in your indirect costs request. **Any Indirect Costs associated with staffing expenses should include the name of the position type.** Insert additional rows in the table as needed.

Administrative Staff positions that are typically included in indirect costs are clerical, accounting, compliance, human resources, general IT, Senior level positions of the organization, (CEO, Executive Director, Medical Director, Operations leader, etc.), etc. **Any Administrative Staff positions not included in the indirect cost rate but are included in the budget as salaries, must perform duties directly required by the grant. Applicant must have controls to document time spent on the grant and the positions should not already be included in the indirect costs.**

Categories of Indirect Costs (list out position type for staffing costs)
Example 1 - Utilities
Example 2 - Rent
Example 3 – Audit and Legal
Example 4 – Rental of Equipment (list the type of equipment on separate rows)
Example 5 – Administrative Staff (list the type of positions on separate rows)

Budget Form Template for Track 2 Hub Only - Coordinated Community Supports RFA #4

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Organization Name:

Revenue Sources to Fund Total Project Cost Input data in Revenue Source Line Items in Light Blue	Revenue (July 1, 2026 - June 30, 2027)	% of Total Project Cost
CHRC Grant Funding Request		**0%**
Other Grant/Funding Support		0%
Organization Match (In Kind)		0%
Total Revenue Sources to Fund Total Project Cost	**$0**	**0%**

Input data in Line-Item Budget for Total Project Cost and CHRC Grant Funding Request in light blue (new rows may only be added for Personnel Salary and Contractual line items)	Total Project Cost (July 1, 2026 - June 30, 2027)	CHRC Budget Request (July 1, 2026 - June 30, 2027)
Personnel Salary [Enter the requested information for each position type and applicable FTEs that are **W-2 employees of the project. Routine time off taken** (vacation and short-term sick time) **can be charged to the grant**, but **extended leave should not be charged to the grant** since it would be covered under reported fringe benefits expenses.**]**		
Position Type 1		
Position Type 2		
Position Type 3		
Position Type 4		
Position Type 5		
Position Type 6		
Position Type 7		
Position Type 8		
Position Type 9		
Position Type 10		
Personnel Salary Subtotal	**$0**	**$0**
Personnel Fringe Benefits (up to 25% of Personnel costs for only **W-2 employees of the project** listed in personnel salary section above)		
Personnel Fringe Benefits % of Overall Personnel Salary	0.0%	0.0%
Total Salary & Fringe Benefits Expense	**$0**	**$0**
Total Salary & Fringe Benefits Expense % of Total Expenses	0.0%	0.0%
Equipment/Furniture/IT & Telecom/Minor Infrastructure Improvements/Vehicle(s)		
a. Equipment		
b. Furniture		
c. IT/Telecom		
d. Minor Infrastructure Improvements		
e. Vehicle(s)		
Total Equipment/Furniture/IT & Telecom/ Minor Infrastructure Improvements/ Vehicle(s)	**$0**	**$0**
Total Equipment/Furniture/IT & Telecom/ Minor Infrastructure Improvements/ Vehicle(s) % of Total Expenses	0.0%	0.0%
Total Supplies		
Total Supplies % of Total Expenses	0.0%	0.0%
Total Travel/Mileage/Parking		
Total Travel/Mileage/Parking % of Total Expenses	0.0%	0.0%
Total Staff Training/Development (includes employee certifications and employee travel/lodging related costs to conferences, training sessions, etc.; excludes trainings associated with 15 Priority EBPs and salaries related to W-2 employees attending training)		
Total Staff Training/Development % of Total Expenses	0.0%	0.0%
Contractual (>$5k itemize below with details in budget justification; excludes W-2 employees of applicant/project)		
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		

Appendix F

Budget Form Template for Track 2 Hub Only - Coordinated Community Supports RFA #4

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Organization Name:

Revenue Sources to Fund Total Project Cost Input data in Revenue Source Line Items in Light Blue	Revenue (July 1, 2026 - June 30, 2027)	% of Total Project Cost
CHRC Grant Funding Request		**0%**
Other Grant/Funding Support		0%
Organization Match (In Kind)		0%
Total Revenue Sources to Fund Total Project Cost	**$0**	**0%**

Input data in Line-Item Budget for Total Project Cost and CHRC Grant Funding Request in light blue (new rows may only be added for Personnel Salary and Contractual line items)	Total Project Cost (July 1, 2026 - June 30, 2027)	CHRC Budget Request (July 1, 2026 - June 30, 2027)
Total Contractual Expenses	**$0**	**$0**
Total Contractual Expenses % of Total Expenses	0.0%	0.0%
Total Program Marketing Related Expenses		
Total Program Marketing Related Expenses % of Total Expenses	0.0%	0.0%
Total Other Expenses (expenses that do not fit in any of the other direct expense categories outlined above (i.e.; expenses associated with employee background checks/finger printing, participant incentives, etc.)		
Total All Other Expenses % of Total Expenses	0.0%	0.0%
Total Indirect Costs: up to 15% of direct costs (direct costs = total costs minus indirect costs; indirect cost rates above 15% refer to Budget Narrative and RFA)		
Indirect Costs % of Direct Costs	0.0%	0.0%
Overall Total Project Cost and CHRC Total Funding Request (must tie back to total project cost and total CHRC grant funding request amount which is above in rows 9 and 6)	**$0**	**$0**
CHRC Funding Request Percentage of Organization's Total Project Cost		**0%**

Budget Narrative Template for Track 2 Hub Only
Coordinated Community Supports Grant Application

Applicant Name:

Applicant is required to use this Budget Narrative Template and the provided excel CHRC Budget Template (see Track 2 Hub Only).

All information in the following text box sections and tables should reflect information that ties to the CHRC Funding Request budget line-items in the Budget Template.

Grant funds cannot be used for: the purchase or lease of major equipment; construction projects; support of clinical trials; medical devices or drugs that have not received approval from the appropriate federal agency; or lobbying and political activity.

CHRC grant funds should **not** pay for activities already covered by other sources. Accordingly, the CHRC requires applicants to disclose other sources of funding that may partially or wholly support activities in their grant proposals. This includes any other state, federal, local, or private grant, as well as anticipated revenues, including Medicaid, Medicare, Commercial Insurance, Health Services Cost Review Commission (HSCRC), Maryland Department of Health (MDH), etc. CHRC funds should supplement and not supplant other sources of funding. As indicated in the RFA, **duplication of funding is prohibited**.

The CHRC will closely examine grant applications for potential duplicate funding, including an assessment of the applicant's request for indirect costs. Applicants may not request direct funding for any activities that are typically included in the organization's indirect cost pool/indirect rate. The CHRC will accept an indirect rate of **up to 15%** (unless the applicant qualifies for a higher indirect rate pursuant to Md. Code Ann., State Finance and Procurement § 2-208(c)), while also requiring applicants to describe activities to be covered within their indirect rate.

Notes

1) **You will only be required to input information in cells highlighted in light blue in your budget template.**
2) There will be several calculations in your budget template that do not require any action on your part.
3) **New rows can only be inserted within the Personnel Salary and Contractual expense categories** shown on the budget template. **Ensure formulas are picking up all numbers input into any new rows that are added on the budget template.**

Sustainability

The CHRC fully expects that grantees will braid in other sources of funding to ensure the long-term sustainability of projects and programs seeded with CHRC funding and continues to encourage grantees to leverage CHRC dollars to secure funding from other sources for the purpose of program sustainability. Proposals that have the potential to generate reductions in avoidable hospital utilization should be noted in the sustainability section of the proposal. Please comment on the potential or likelihood that cost savings or retained revenue will be re-invested to support the project after initial CHRC grant funding has been expended. The CHRC is proud that over 75% of its grants have been sustained at least one year or more after the initial grant funding has been expended.

Appendix E

Budget Narrative Template for Track 2 Hub Only Coordinated Community Supports Grant Application

Organization Name

Provide in the **Track 2 Hub Only Budget Template** the organization name.

Revenues/Total Project Cost

Provide in the **Track 2 Hub Only Budget Template** all project revenue sources in the requested funding period. Details on what needs to be input in this schedule are outlined below.

Track 2 Hub Only Budget Template: In the **Revenue Sources to Fund Total Project Cost top section** of the budget template, input the CHRC grant funding amount requested and any other types of anticipated revenue amounts (other grant/funding support, organization match, etc.) for the requested funding period that will fund the overall project cost. **The total project cost amount and CHRC grant funding revenue award amount requested needs to match the line-item budgets for total project cost and CHRC grant funding request.**

Provide in this **Budget Narrative Template** in the text box below a brief description of anticipated revenue (other grant/funding support, organization match, etc.) in the requested funding period that will fund the overall project cost.

Personnel Salaries

Provide in the **Track 2 Hub Only Budget Template** salary dollars and Full Time Equivalent (FTE) details by position type for **only W-2 employees**. **Routine time off taken (vacation and short-term sick time) can be charged to the grant as a salary cost, but extended leave should not be charged to the grant under Personnel Salaries since it would be covered under reported fringe benefits expenses.** Contractual positions should not be included in the salary section but should be included as a line item in the Contractual section. Salary expenses should include all forms of compensation to W-2 employees including services and/or training related to this grant, should not be duplicated by indirect costs, and should be netted by any other revenue sources (i.e., Other Grants, Medicare, Medicaid, etc.).

Provide in this **Budget Narrative Template** in the table below the position type, average salary cost per FTE, number of FTES, and a brief description of work to be performed by each position type. **The information shown in the table is sample data and should be replaced with your CHRC grant program Position/FTE/salary information requested.**

Identify in text box below table any anticipated salary increases during the life of the grant (i.e., 3% COLA raises in second half of Year 1).

Position Type and Description of Work Performed	Avg Salary Dollars Per FTE	CHRC FTEs	CHRC Budget

MCHRC
MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Budget Narrative Template for Track 2 Hub Only
Coordinated Community Supports Grant Application

Example 1 – Financial Analyst **Develop and update fiscal required reports and monitor/review grant expenditures for Hub.**	$75,000	0.5	$37,500

Complete the table below to show the breakout of FTEs by position type, type of support provided to this grant program, and an indication of the number of FTEs already hired and number of FTEs that still need to be hired. Insert additional rows in table as needed.

In Example 1 below, 1 individual is assumed to work as a Financial Analyst, the position is budgeted as a 0.5 FTE (i.e., 1 part-time individual), and will provide fiscal support to the grant program. In Example 2 below, 1 individual is assumed to work as a Program Manager, the position is budgeted as a 0.5 FTE (i.e., 1 part-time individual), and will provide support to manage the grant program.

Position Type	Type of Support Provided	Total CHRC FTEs	FTEs Hired to date	FTEs to be hired
Example 1 – Financial Analyst	Other Grant Support	0.5	0.5	0
Example 2 – Program Manager	Other Grant Support	0.5	0.5	0

Personnel Fringe Benefits

Provide in the **Track 2 Hub Only Budget Template** a fringe benefits amount of up to 25% of overall personnel salaries. The fringe benefits percentage of overall personnel salaries of W-2 employees will automatically calculate on the Budget Template.

If the applicant requests **more than 25% of salary costs for fringe benefits**, the applicant will be required to provide a compelling rationale for exceeding this amount in this **Budget Narrative Template** in the text box below and provide other supporting documentation. A fringe benefits rate includes the employer's costs for benefits beyond an employee's base salary, such as health insurance, retirement contributions, and social

security and Medicare taxes. It also includes items like workers' compensation, unemployment insurance, and extended leave.

Equipment/Furniture/IT & Telecom/Minor Infrastructure Improvements/Vehicle(s)

Provide in the **Track 2 Hub Only Budget Template** the applicable line items associated with any Equipment, Furniture, IT & Telecom, Minor Infrastructure Improvements, and/or Vehicle(s) costs (purchase or rental costs not included in indirect costs rate).

Provide in this **Budget Narrative Template** in the text box below a brief description of any Equipment, Furniture, IT & Telecom Renovations, and/or Vehicle(s) costs with an explanation for the use of the item(s) to be purchased with grant funding in support of this project. Expenses budgeted in this category should align to one of the five-line items on the budget template: a) Equipment, b) Furniture, c) IT & Telecom, d) Minor Infrastructure Improvements, and e) Vehicle(s). Requested costs should relate to the portion of the costs supporting the CHRC grant program.

Supplies

Provide in the **Track 2 Hub Only Budget Template** the overall supply costs to be used during the grant period. The supply costs do not need to be listed on separate line items in the Budget Template.

In this **Budget Narrative Template** in the text box below, list out all supply types and related costs and provide an explanation for each supply type.

Travel/Mileage/Parking

Provide in the **Track 2 Hub Only Budget Template** the total costs for applicant employees.

In this **Budget Narrative Template** in the text below, identify costs and reasons for travel that are applicable to grant specific activities for Hub employees providing services under the grant (i.e., attending health fairs, community events, services provided under grant etc.).

Budget Narrative Template for Track 2 Hub Only
Coordinated Community Supports Grant Application

Staff Trainings/Development

Provide in the **Track 2 Hub Only Budget Template**, the overall staff trainings/development costs. These costs do not need to be listed on separate line items in the Budget Template.

In this **Budget Narrative Template** in the text box below, identify the type of training, position types that will receive the training, and costs related to the training. Explain how this training will benefit the project. This category includes travels costs related to employee training including employee certifications required to provide services under the grant and employee travel related costs (lodging, meals, transportation, parking, etc.) to conferences, training sessions, etc. Expenses budgeted in this category **should exclude salaries** paid to employees attending the training, as those amounts **should be included in the Personnel Salary expenses section of the budget**.

Applicants should not budget for training associated with the 15 Priority EBPs in which the Consortium and National Center for School Mental Health will provide training and implementation support. Applicants may budget for any travel/lodging costs related to training.

Contractual

In the **Track 2 Hub Only Budget Template** on separate line items, list contractual arrangements that are over $5,000 and the related costs. For contractual arrangements less than $5,000, input costs in All Other Contractual Arrangements < $5K line items. This section should not include W-2 employees of the applicant.

In this **Budget Narrative Template** for each contract more than $5,000, identify each individual vendor/contractor, the cost of the total contract, and a brief description of what type of service the contract is providing.

Individual Vendor/Contractor	Total Cost	Description of Service Contract Being Provided

Budget Narrative Template for Track 2 Hub Only
Coordinated Community Supports Grant Application

Program Marketing Related Expenses

Provide in the **Track 2 Hub Only Budget Template**, the overall program marketing related costs. These costs do not need to be listed on separate line items in the Budget Template.

In this **Budget Narrative Template** in the text box below, list out all marketing related costs (i.e., marketing, advertising, promotional materials/communications/ handouts related to the grant program, etc.) and provide an explanation for each marketing related cost type.

Other Expenses

Provide in the **Track 2 Hub Only Budget Template**, the overall other costs.

In this **Budget Narrative Template** in the text below, identify in sufficient detail any other expenses that do not fit in any of the other direct expense categories outlined above. **Expenses associated with employee background checks and finger printing (if applicable), patient incentives, etc. should be included in this category.**

Indirect Costs

Indirect costs are for activities or services that may benefit more than one project. **Examples of indirect costs include utilities, insurance, rent, audit and legal expenses, equipment rental, and administrative staff.** The applicant should have internal controls in place to ensure expenses reported in the direct costs categories are not a duplication of reported indirect costs.

Provide in the **Track 2 Hub Only Budget Template** indirect costs amount of up to 15% of overall direct costs. The indirect costs percentage of overall direct costs is automatically calculated on the Budget Template (direct costs = total costs minus indirect costs).

The CHRC will closely examine grant applications for potential duplicate funding, including an assessment of the applicant's request for indirect costs. Applicants may not request direct funding for any activities that are typically included in the organization's indirect cost pool/indirect rate. The CHRC will accept an indirect rate of **up to 15%** of direct costs related to the grant program (unless the applicant qualifies for a higher indirect pursuant to Md. Code Ann., State Finance and Procurement § 2-208(c)), while also requiring applicants to describe activities to be covered within their indirect rate.

Budget Narrative Template for Track 2 Hub Only
Coordinated Community Supports Grant Application

Please provide in the table below types (dollar breakdown not required) of expenses included in your indirect costs request. **Any Indirect Costs associated with staffing expenses should include the name of the position type.** Insert additional rows in the table as needed.

Administrative Staff positions that are typically included in indirect costs are clerical, accounting, compliance, human resources, general IT, Senior level positions of the organization, (CEO, Executive Director, Medical Director, Operations leader, etc.), etc. **Any Administrative Staff positions not included in the indirect cost rate but are included in the budget as salaries, must perform duties directly required by the grant. Applicant must have controls to document time spent on the grant and the positions should not already be included in the indirect costs.**

Categories of Indirect Costs (list out position type for staffing costs)
Example 1 - Utilities
Example 2 - Rent
Example 3 – Audit and Legal
Example 4 – Rental of Equipment (list the type of equipment on separate rows)
Example 5 – Administrative Staff (list the type of positions on separate rows)

Appendix F

Evidence-Based Practices Menu for Coordinated Community Supports Partnerships 2026-2027

The Consortium is prioritizing funding for the Evidence-Based Practices (EBPs) listed in the tables below for which free statewide training and implementation support will be offered by the National Center for School Mental Health, in partnership with intervention developers/trainers. The Consortium partnered with the National Center for School Mental Health is also providing Measurement-Based Care Learning Community (MBC LC) support for both clinicians and agency leaders.

- **Interventions 1-15 are intended for delivery by mental health clinicians and/or other community providers.** Interventions are listed by Tier below.
- **The MBC LC is intended for organizations delivering Tier 2 and 3 interventions**. The MBC LC is offered to grantees to stimulate MBC implementation through training, free resources, ongoing consultation, and peer learning. The MBC LC includes a clinician/provider track and an agency leader track.
- **Interventions 16-19 are intended for delivery by school educators** (e.g., teachers, coaches, administrators). School-employed staff and Hub staff may receive training in these EBPs. These school-based EBPs are not offered to community providers. Schools and school districts should not apply through this RFA, but should use this link: https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_9GmIJv1fXZCccIe to express interest in training for the 2026-2027 school year. *If you have questions and/or training interest for the current, 2025-2026 school year, please reach out to BlueprintEBP@som.umaryland.edu for more information.*

Important Considerations: When selecting interventions for your community, you may use evidence-based practices (EBPs) or evidence-informed practices beyond those listed in this Priority EBP menu. Organizations are encouraged to select practices that align closely with their program goals, reflect the unique strengths, needs, and cultural/linguistic considerations of the students and families they serve, and are feasible to implement within the local context. For questions or support in selecting an appropriate EBP, please contact Megan Brown, Consortium Director at megan.brown@maryland.gov. Training, implementation, and staff (POC/Supervisor and trainee) expectations are listed below and should be considered as you select interventions and plan for implementation.

POC/Supervisor Expectations:

Each grantee organization will be asked to designate an **EBP Point-of-Contact (POC), who will be responsible for overseeing the completion of all training and implementation requirements for each provider within their organization, as well as communicating expectations to all trainees within the organization.** Key responsibilities may include, but are not limited to: review EBP selection and ensuring the appropriateness for your organization, participating in initial kick-off meetings to review training and implementation plans including number of training spots needed to support implementation monitoring ongoing progress to ensure staff meet training and implementation milestones, coordinating with training teams to provide status updates, and supporting providers in their implementation efforts such as ensuring supervisory support, assistance with fidelity monitoring, and access to needed resources. The success of interventions will be helped by strong organizational support in establishing and maintaining these new interventions.

Trainee Expectations:

Trainees who participate in priority EBPs are expected to have a plan to fully implement the EBP(s) in their practice. Trainees involved in priority EBPs are also required to 1.) attend all designated training sessions for which they are registered and remain in close contact with the National Center for School Mental Health to share training and implementation plans for trainees during the grant period, 2.) participate in quarterly post-training implementation support meetings for each EBP they are delivering, 3.) complete training evaluations for each EBP, and 4.) submit quarterly implementation and fidelity monitoring surveys.

Implementation Support Requirements:

The National Center for School Mental Health offers 3 rounds (Fall, Winter, Spring) of Implementation support calls for every priority EBP (except Family Checkup, which is scheduled separately with the purveyor). **Attendance is *required* at 1 implementation support call each round once a provider has been trained**. Supervisors/POCs should ensure that the implementation support requirement is relayed to all providers/trainees attending priority EBP training supported by the Consortium. Trained providers, from previous grant cycles, are also invited to attend implementation calls.

Cultural Responsiveness:

The Cultural Responsiveness column below includes publicly available information on national EBP repositories and/or the intervention website about characteristics of youth and caregivers involved in intervention studies (e.g., race/ethnicity, geography, gender) and/or resources to support cultural relevance. There is significant variability in the number of studies conducted across interventions and the extent to which data were disaggregated for specific population groups.

Appendix F

Priority Evidence-Based Practices Menu

Tier 3 EBPs									
	EBP – Programs/ Trainings	**Focus**	**Intended Audience**	**Modality**	**Description/ Services**	**Staffing Requirements**	**Training Time Commitment and Modality**	**Number of Sessions by Modality**	**Cultural Responsiveness**	**Are CEUs offered?**
1	Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents (UP-C/UP-A)	Addresses emotional disorders, including anxiety, depression, and traumatic stress	6 and up	Individual	Cognitive-behavioral therapy (CBT) for anxiety disorders, depression, and related emotional disorders in children and adolescents	Licensed mental health clinicians	Two-day virtual training (7 hours per day)	**UP-C offers:** 15-treatment group sessions with directions supporting an individual modular approach **UP-A offers:** 10-15 individual sessions (youth dependent)	**UP-C/UP-A** is included in the CA Clearinghouse for Child Welfare with evidence to support use with following demographic groups: Hispanic/Latino, Non-Hispanic White, African American, Asian American, and Pacific Islander populations **Spanish-language Offerings:** **Trainings:** Yes **Materials:** Yes	Participants can receive **12 credit hours.**

Appendix F

EBP – Programs/ Trainings	Focus	Intended Audience	Modality	Description/ Services	Staffing Requirements	Training Time Commitment and Modality	Number of Sessions by Modality	Cultural Responsiveness	Are CEUs offered?
2 Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	Addresses anxiety, depression, disruptive behaviors, and traumatic stress	5 – 15 years old	Individual (with a few sessions with caregiver) **Note: Disruptive Behavior Modules are parent/ caregiver focused**	Cognitive-behavioral therapy (CBT) protocols for anxiety, post-traumatic stress, depression, and behavioral parent training for disruptive behaviors	Licensed mental health clinicians	2-Day virtual training (8 hours per day)	33 modules available across 4 target areas that can be delivered in an individual format across multiple sessions. **Anxiety** - 7 modules **Conduct** - 12 modules **Depression** -12 modules **Traumatic Stress** - 9 modules	**MATCH-ADTC** is included in the CA Clearinghouse for Child Welfare and NIJ Crime Solutions with evidence to support use in multiple diverse populations. **Note from Developer:** MATCH-ADTC has been primarily tested and found to be effective in youths aged 5-15 in urban and suburban settings. MATCH-ADTC is based on the MAP system (Managing and Adapting Practice) which is inherently responsive to diverse clinical and cultural factors. **Spanish- language Offerings:** **Trainings:** No **Materials:** Caregiver handouts are available in Spanish	Eligible participants can receive **14 credits.**

Appendix F

EBP – Programs/ Trainings	Focus	Intended Audience	Modality	Description/ Services	Staffing Requirements	Training Time Commitment and Modality	Number of Sessions by Modality	Cultural Responsiveness	Are CEUs offered?
3 Safety Planning Intervention (Stanley-Brown)	Suicide prevention	6 and up	Individual	Assists at-risk adolescents in creating a list of coping strategies and sources of support to reduce the risk of suicide	School-based staff and related service providers (e.g., school counselors, clinicians, peer support, or prevention workers, etc.)	One-day virtual training (7-hour) or split two-day mixed didactic and interactive virtual training	Brief, clinical intervention (20-45 minutes) that can be delivered in an individual format, across multiple sessions	Information not available in national repositories searched. **Spanish-language Offerings:** **Trainings:** No **Materials:** The safety plan form is translated into Spanish for clinicians to use with Spanish-speaking clientele	Eligible participants can receive **7 credits.**

Appendix F

	EBP – Programs/ Trainings	Focus	Intended Audience	Modality	Description/ Services	Staffing Requirements	Training Time Commitment and Modality	Number of Sessions by Modality	Cultural Responsiveness	Are CEUs offered?
4	Counseling on Access to Lethal Means (CALM)	Suicide prevention	All ages	Individual	Counseling on reducing access to means of self-harm as a key component of suicide prevention	Clinically oriented individuals; relevant to direct service providers	Half day virtual training (3.5-hours)	Brief, clinical intervention (20-45 minutes) that is delivered in an individual format; caregiver(s) included as needed.	Information not available in national repositories searched. **Note from Developer:** The most recent version CALM-AAP is on the American Academy of Pediatrics website and includes a section geared to working with young people (young Black boys and young men in particular) who live in neighborhoods with high homicide rates and whose access to firearms might be their own or one shared among their friends. For more information on resources to support safe suicide care for specific populations, please review: Populations | Zero Suicide (edc.org) **Spanish-language Offerings:** **Trainings:** No **Materials:** A selection of promotional materials are available in Spanish	Eligible participants can receive **3 credit hours.**

Appendix F

EBP – Programs/ Trainings	Focus	Intended Audience	Modality	Description/ Services	Staffing Requirements	Training Time Commitment and Modality	Number of Sessions by Modality	Cultural Responsiveness	Are CEUs offered?
5 Adolescent Community Reinforcement Approach (A-CRA)	Substance Use Disorder	12 to 24 years old	Individual (with a few sessions with caregiver)	Cognitive-behavioral therapy (CBT) to reinforce substance-free lifestyles in adolescents	Master-level clinicians	Two-day training virtual training (6.5 hours per day)	10-14 sessions (10 individual sessions with adolescent, 4 sessions with caregiver)	**A-CRA** is included in the CA Clearinghouse for Child Welfare and NIJ Crime Solutions with evidence to support use with Black, American Indians/ Alaska Native, Asian/ Pacific Islander, Hispanic, White populations and in rural, suburban, and urban areas. For more information on A-CRA's research with diverse populations, please review: Cultural and Gender Relevance | Lighthouse Institute | EBTx | A-CRA | Chestnut Health Systems Cultural Responsiveness Committee Bibliography (chestnut.org) **Spanish-language Offerings:** **Training:** No **Materials:** No	Eligible participants can receive **11 credits.**

Tier 2 EBPs										
	EBP – Programs/ Trainings	**Focus**	**Intended Audience**	**Modality**	**Description/ Services**	**Staffing Requirements**	**Training Time Commitment and Modality**	**Number of Sessions by Modality**	**Cultural Responsiveness**	**Are CEUs offered?**
6	The Student Check-Up (Motivational Interviewing)	Therapy/ counseling to elicit behavior change	12 and up	Individual	The Student Checkup is a semi-structured school-based motivational interview designed to help adolescents adopt academic enabling behaviors (e.g., participation in class). School-Based Motivational Interviewing (S-BMI) is a specific type of MI used in the school setting to adopt academic enabling behaviors, decrease risky behaviors, and engage in health-promoting behaviors.	Mental Health Clinicians, trainees, or school-based staff. Prior training and experience using Motivational Interviewing is recommended	Two-day virtual training (7 hours per day)	Single session interview protocol with four structured phases.	Information not available in national repositories searched. **Note from Developer:** The majority of Student Check-Up RCTs were conducted in a small urban setting with graduate students implementing the intervention with over 50% of the middle school student population identifying as Black. **Spanish-language Offerings:** **Trainings:** No **Materials:** No	Eligible participants can receive **14 credits.**

EBP – Programs/ Trainings	Focus	Intended Audience	Modality	Description/ Services	Staffing Requirements	Training Time Commitment and Modality	Number of Sessions by Modality	Cultural Responsiveness	Are CEUs offered?
7 Therapeutic Mentoring	Mentoring/ Modeling; Coping Strategies	Mentees under 21	Individual	Develops mentor competencies in mental health theory and practice to promote high quality, strengths-based, culturally responsive mentoring	Mentors or paraprofessionals who work directly with youth up to the age of 21. **Training not suited for clinicians; however, clinical supervision is needed** **An overview of TM will be offered to supervisors**	One-day virtual training (7 hours) + 6 weekly 1- hour follow up sessions OR Two-day virtual training (6.5 hours each day)	Structured, strength-based support services that can be offered across numerous one-to-one sessions	Information not available in national repositories searched. For more information on Therapeutic Mentoring research, please review: Publications – The Center for Evidence-based Mentoring (cebmentoring.org) **Spanish-language Offerings:** **Trainings:** Unknown **Materials:** Unknown	Eligible participants can receive **12 credits.**

EBP – Programs/ Trainings	Focus	Intended Audience	Modality	Description/ Services	Staffing Requirements	Training Time Commitment and Modality	Number of Sessions by Modality	Cultural Responsiveness	Are CEUs offered?
8 Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Substance Use Disorder early intervention	9 and up	Individual	Screening, brief intervention, and referral to treatment for substance use disorders	Clinically oriented individuals; relevant to direct service providers	One-day virtual training (5.5 hours	Brief counseling session; Extended Treatment can be 4-6 sessions (up to 1 hr. each)	**School-Based Brief Interventions for Substance Use Among Youth** is included in NIJ Crime Solutions with evidence to support use with Black and White students **Spanish-language Offerings:** **Trainings:** No **Materials:** No	Eligible participants can receive **6 credits.**

Appendix F

EBP – Programs/ Trainings	Focus	Intended Audience	Modality	Description/ Services	Staffing Requirements	Training Time Commitment and Modality	Number of Sessions by Modality	Cultural Responsiveness	Are CEUs offered?
9 Cognitive Behavioral Intervention for Trauma in Schools and Bounce Back (CBITS/BB)	Early intervention for students experiencing post-traumatic stress reactions	6th-12th grade (**CBITS**) K-5th grade (**BB**)	**CBITS** weekly group plus 1-3 individual sessions with students **BB** weekly group plus 3 individual sessions	Games and activities that teach skills for healing from traumatic events, as well as cognitive/behavioral therapy to address trauma symptoms	Master-level licensed clinician	**CBITS** is a two-day virtual training (7 hours per day) **Bounce Back** is a two-day virtual training (7 hours per day) **CBITS/BB combination** is a three-day virtual training (7 hours per day) only for organizations that need both trainings	**CBITS** is a ten-session group delivered over 10-12 weeks (weekly group sessions are 45 mins- 1hr) plus 1-3 individual sessions with students **BB** is a ten-session group delivered over 10-12 weeks (weekly group sessions are 45 mins- 1hr) plus 3 individual sessions **(the last session must be with a caregiver)**	**CBITS** is included in the CA Clearinghouse for Child Welfare, Blueprints for Healthy Youth Development, and NIJ Crime Solutions with evidence to support use with the following demographic groups: African American, Hispanic/Latino, and White youth in urban environments **Bounce Back** is included in the CA Clearinghouse for Child Welfare, Blueprints for Healthy Youth Development, and NIJ Crime Solutions with evidence to support use with: African American, Hispanic/Latino, and White youth in urban environments **Spanish-language Offerings:** **Trainings:** Yes **Materials:** Yes	Eligible participants can receive **11 credits** for the CBITS or BB trainings. Eligible participants can receive **17 credits** for the CBITS/ Bounce Back Combo Training.

Appendix F

Tier 1 EBPs										
EBP – Programs/ Trainings		**Focus**	**Intended Audience**	**Modality**	**Description/ Services**	**Staffing Requirements**	**Training Time Commitment and Modality**	**Number of Sessions by Modality**	**Cultural Responsiveness**	**Are CEUs offered?**
10	Botvin LifeSkills Training Youth Program (Botvin LST Youth)	Prevention program focused on substance use, coping skills, social skills, etc. (Social-Emotional Learning)	3rd to 12th grade	Universal	A classroom intervention to help adolescents develop confidence and skills to effectively handle challenging situations	One Botvin trained teacher/provider per class lesson	This is a one-day virtual training (6 hours)	8-18, 45-minute lessons taught in the classroom at least 1x per week (total number of lessons varies based on grade level curriculum)	**Botvin LifeSkills** is included in the CA Clearinghouse for Child Welfare, Blueprints for Healthy Youth Development, and NIJ Crime Solutions with evidence to support use with the following demographic groups: African American, White, Hispanic/Latino, Asian, and Native American youth Blueprints for Healthy Youth Development indicates that LST is generalizable to a variety of ethnic groups. For more information on Botvin's research, please review: Evaluation Studies - Botvin LifeSkills TrainingBotvin LifeSkills Training **Spanish-language Offerings:** **Trainings:** No **Materials:** No	Eligible participants can receive **5 credits**

Appendix F

EBP – Programs/ Trainings	Focus	Intended Audience	Modality	Description/ Services	Staffing Requirements	Training Time Commitment and Modality	Number of Sessions by Modality	Cultural Responsiveness	Are CEUs offered?
11 Youth Aware of Mental Health (YAM)	Suicide Prevention, Mental Health Literacy	9th-12th grade; Students ages 13-17	Universal	An interactive school-based program that educates students about mental health, promotes peer support, and aims to reduce depression and suicidal behavior	One Clinician/ certified YAM instructor and one trained YAM Helper per class/group	**Pre-Training Requirements:** Complete a detailed implementation plan identifying local resources, your organization's safeguarding procedures, and identifying the schools where you will implement **Training Requirements:** Five-day, **in-person** training. (8 hours per day; 5th day will be 4 hours). *Must be available to attend all days in person **Post-Training Requirements:** At least 6 paired practice sessions held with 6-10 youth from community	Five one-hour sessions taught in a group format over 3 weeks during school hours; **cannot be delivered after school**	Information not available in national repositories searched. For more information on YAM's youth driven program in diverse communities, please review: Youth Aware of Mental health (y-a-m.org) **Spanish-language Offerings:** **Trainings:** In development **Materials:** In process of translating materials into Spanish	Eligible participants can receive **25 credit hours.**

Appendix F

EBP – Programs/ Trainings		Focus	Intended Audience	Modality	Description/ Services	Staffing Requirements	Training Time Commitment and Modality	Number of Sessions by Modality	Cultural Responsiveness	Are CEUs offered?
12	Circle of Security	Strengthening attachment between caregivers and children, behavior problem reduction	Parents/ caregivers of children ages 4 months- 6 years	Family Support and Education	A structured, video-guided program with eight sessions that helps facilitators support parents and caregivers of children from birth to age 6, focusing on fostering secure attachment during these crucial early years	One certified COSP facilitator	This training is a one- or two-week online format including five required 2-hour online live sessions as well as self-directed learning. **The time commitment is 25-35 hours including the live and asynchronous components**, and it is suggested to spread the training over half of your work schedule across two weeks or complete it in a full workweek if choosing the one-week option.	Minimum of Eight 90-minute parent group sessions spread out over at least 8 weeks	**Circle of Security** is included in The California Evidence-based Clearinghouse for Child Welfare with evidence to support use in the following demographic groups: predominately female caregivers, African American female caregivers, children ages ~1-7, caregivers and their preschool children affected by prenatal alcohol exposure (PAE) and fetal alcohol spectrum disorder (FASD). For more information on Circle of Security's approach to cultural responsiveness, please review: Is COSP Culturally Responsive – Circle of Security International **Spanish-language Offerings:** **Trainings:** Yes **Materials:** Yes	Eligible participants can receive up to 2.4 IACET credits

Appendix F

EBP – Programs/ Trainings	Focus	Intended Audience	Modality	Description/ Services	Staffing Requirements	Training Time Commitment and Modality	Number of Sessions by Modality	Cultural Responsiveness	Are CEUs offered?
13 Botvin LifeSkills Training Parent Program (Botvin LST Parent)	Substance Use prevention program	Parents/ Caregivers of students in grades 6-9	Family Support and Education	Prevention tool designed to help parents strengthen communication with their children, promote responsible decision-making, and prevent substance use.	One Botvin Parent Program trained Workshop Facilitator per group	One-day virtual training (6 hours)	Seven 60–90-minute parent group sessions	For information on Botvin's research base, please review: Evaluation Studies - Botvin LifeSkills TrainingBotvin LifeSkills Training **Spanish-language Offerings:** **Trainings:** No **Materials: Yes**	Eligible participants can receive **5 credits**

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EBP – Programs/ Trainings	Focus	Intended Audience	Modality	Description/ Services	Staffing Requirements	Training Time Commitment and Modality	Number of Sessions by Modality	Cultural Responsiveness	Are CEUs offered?
14 Family Check Up	Parenting and family management	Families with children ages 2 through 17	Family Support and Education	A brief, strengths-based intervention designed to reduce children's problem behaviors by improving parenting and family management practices	A trained FCU facilitator	**Pre-Training Requirements:** Two implementation meetings with the FCU trainer to review program expectations ~15-20 hours of self-paced, e-learning **Training Requirements:** Four-day virtual training (3 hours per day scheduled by the trainer) **Post-Training Requirements:** ~20-25 additional hours (12 sessions) for implementation support; trainees for this EBP are not required to attend additional quarterly EBP calls offered by NCSMH	Consists of three family sessions and subsequent follow-up services tailored to the family's needs. It is an adaptive framework; as such, some families receive more follow-up services and support than others.	**Family Check Up** is included in The California Evidence-based Clearinghouse for Child Welfare, Blueprints for Healthy Youth Development, and NIJ Crime Solutions with evidence to support use with the following demographic groups: African American, Caucasian, Hispanic/Latino, Asian, & Biracial families; male and female children, and female caregivers. **Spanish-language Offerings:** **Trainings:** No **Materials:** FCU offers materials in Spanish that can be used to work with Spanish speaking populations	Eligible participants can receive **12 credit hours.**

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EBP – Programs/ Trainings	Focus	Intended Audience	Modality	Description/ Services	Staffing Requirements	Training Time Commitment and Modality	Number of Sessions by Modality	Cultural Responsiveness	Are CEUs offered?
15 Chicago Parent Program	Positive parenting, behavior problem reduction	Parents/ Caregivers of children ages 2-8	Family Support and Education	Parent program focusing on positive parenting, reducing behavior problems in young children, and emotional bonding and trust within the family dynamics.	Two trained CPP group leaders per group	This training is a four-day virtual training (3.5 hours each day)	Twelve 2-hour weekly parent group sessions	**Chicago Parenting Program** is included in CA Evidence-Based Clearinghouse and NIJ Crime Solutions with evidence to support use with the following demographic groups: African American, Hispanic, and White families; some studies included male caregivers For more information on research with diverse populations, please review: Our Research (chicagoparentprogram .org) **Spanish Offerings:** **Training:** No **Materials:** Yes	Eligible participants can receive **10 credits**

In addition to the EBPs listed above, Hubs and service providers are encouraged to participate in the **Measurement Based Care Learning Community.** Measurement Based Care (MBC) is the routine use of patient reported outcome measures in mental health early intervention (Tier 2) and treatment (Tier 3) services to promote communication, collaboration and shared decision-making with students and families. MBC is included in Consortium efforts as an evidence-based approach when implementing Tier 2 and 3 interventions.

MBC LC						
Focus	**Intended Audience**	**Modality**	**Description**	**Staffing Requirements**	**Time Commitment and Modality**	**Are CEUs offered?**
Mental health (or any Tier 2 or 3 interventions with individual student goals)	Agency Leader Track*	Individual, Group, or Family	Learn how to provide tailored implementation support for MBC throughout a provider organization	At least 1 agency leader per grantee organization	Minimum: 4 hours of Virtual Learning Sessions (60 minutes each, every other month during the school year)	Eligible participants can receive up to **4 credits** if they attend the 4 Virtual Learning Sessions offered in a track. For those Eligible participants who attend both tracks, they can receive **8 credits**.
	Clinician Track	Individual, Group or Family	Learn how to implement MBC with K-12 students using the Collect, Share, Act model	At least 1 clinician or professional delivering Tier 2/3 services per grantee organization	Optional: Group office hours and 1:1 consultations every other month for up to an additional 8 hours	

*Note: Hubs are welcome to join the Agency Leader Track to learn about MBC implementation from a systems lens.

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In addition to the Evidence Based Practices above, Hub staff in partnership with school districts will be offered the opportunity to apply for training and supported implementation in the following Evidence Based Practices. Interested schools and school districts can reach out to EBPBlueprint@som.umaryland.edu for more information on these school-based trainings.

School-Based EBPs										
	EBP – Programs/ Trainings	**Focus**	**Intended Audience**	**Modality**	**Description/ Services**	**Staffing Requirements**	**Training Time Commitment and Modality**	**Number of Sessions by Modality**	**Cultural Responsiveness**	**Are CEUs offered?**
16	Mental Health Essentials for Teachers and Students	Mental Health Literacy for educators and students	Grades 6-12	Universal	Aims to enhance mental health awareness, resilience, and coping skills among both educators and students, fostering a healthier and more supportive school environment	One MHE trained educator (grades 6-12)	This is a two-day virtual training. Part I/Day I, Mental Health Literacy for Teachers (3 hours) Part II/Day 2, Student Curriculum Delivery Training (4 hours) (School districts can decide to only take Part I – Mental Health Literacy for Teachers)	Six modules *6-12 hours of total classroom instruction *Meant to be taught in sequence, but can be altered *Delivery can be flexibly and creatively adapted according to teachers' pedagogical styles and student needs	**Mental Health Essentials** is a U.S. adaptation of the Canadian-developed intervention, The Guide. The Guide has been implemented throughout Canada, the U.S., and several other countries with diverse student populations. Evaluation information is available on The Guide website.	Maryland **CEUs are not offered**; however, participants will receive a certificate of attendance. Maryland Educators may be eligible to receive Professional Development Points (PDPs) toward recertification, pending supervisor approval.

	EBP – Programs/ Trainings	Focus	Intended Audience	Modality	Description/ Services	Staffing Requirements	Training Time Commitment and Modality	Number of Sessions by Modality	Cultural Responsiveness	Are CEUs offered?
17	Mental Health Essentials for Coaches	Mental Health Literacy for athletic coaches & PE/Health/ Wellness teachers	Grades K-12	Universal	Coach-training to enhance mental health literacy of coaches and promote strategies to include mental health as part of the team's culture		75-minute virtual training that meets the Senate Bill 165 (effective July 1, 2024), requirement that all public high schools and colleges to ensure their coaches receive training to recognize signs of mental illness and behavioral distress in students, including depression, trauma, violence, youth suicide, and substance abuse.	No implementation requirements; however, skills can be utilized with sport teams, in wellness classrooms, and in physical education	**Mental Health Essentials** is a U.S. adaptation of the Canadian-developed intervention, The Guide. The Guide has been implemented throughout Canada, the U.S., and several other countries with diverse student populations. Evaluation information is available on The Guide website.	Maryland **CEUs are not offered**; however, participants will receive a certificate of attendance. Maryland Educators may be eligible to receive Professional Development Points (PDPs) toward recertification, pending supervisor approval.

EBP – Programs/ Trainings		Focus	Intended Audience	Modality	Description/ Services	Staffing Requirements	Training Time Commitment and Modality	Number of Sessions by Modality	Cultural Responsiveness	Are CEUs offered?
18	Good Behavior Game	Positive Behaviors/ Classroom Environments	Grades K-5	Universal	A classroom management program used to teach self-regulation skills while collaborating to make classrooms peaceful and productive learning environments	A GBG trained educator	7-hour virtual training	PAX GBG strategies are embedded daily into the regular classroom instruction	**Good Behavior Game** is included in CA Evidence-Based Clearinghouse, IES's What Works Clearinghouse, Blueprints for Healthy Youth Development, and NIJ Crime Solutions with evidence to support use with the following demographic groups: Black and White families, males, females, those with free/reduced lunch, & English Language Learners	Maryland **CEUs are not offered**; however, participants will receive a certificate of attendance. Maryland Educators may be eligible to receive Professional Development Points (PDPs) toward recertification, pending supervisor approval.

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EBP – Programs/ Trainings		Focus	Intended Audience	Modality	Description/ Services	Staffing Requirements	Training Time Commitment and Modality	Number of Sessions by Modality	Cultural Responsiveness	Are CEUs offered?
19	Pyramid Model/Positive Solutions for Families (PSF)	Positive Behaviors/ Classroom Environments	PreK-K	Universal	Promotes the social, emotional, and behavioral skills of children from birth to five, incorporating universal classroom practices to foster social-emotional learning and prevent challenging behavior, targeted instructional practices for skill development, and specific interventions to support children with more significant social, emotional, and behavioral needs.	Pyramid Model trained educator	This training is available as either a two-day live virtual session (7 hours per day) or a self-paced online course that includes a total of 29 contact hours across 7 modules	Daily implementation of Tier 1 and Tier 2 strategies learned in the training to be used in the classroom	Information not available in national repositories searched. For more information on resources to support cultural responsiveness, please review: Early Childhood Program-Wide PBS Benchmarks of Quality (EC-BOQ) CULTURAL RESPONSIVENESS COMPANION 2021 (challengingbehavior.org) and visit the resource library.	Maryland **CEUs are not offered**; however, participants will receive a certificate of attendance. Maryland Educators may be eligible to receive Professional Development Points (PDPs) toward recertification, pending supervisor approval.

Appendix G.

Consortium on Coordinated Community Supports

2025-2026 Service Provider Grantees

Milestones & Deliverables (M&D) Guide

Grantee Name:	
Grantee #:	
Jurisdiction(s):	

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Table of Contents

M&D Guide Purpose

The purpose of this guide is to **help grantees prepare to collect and report metrics** required by the Consortium on Coordinated Community Supports. It is a planning tool and reference document to ensure data you enter into the Milestones & Deliverables (M&D) report are collected and submitted accurately and consistently across all grantees. If your organization includes multiple service provider grantees, create one guide and note any differences between grantees in your answers.

The guide includes: (1) metric definitions and (2) guiding questions—in the blue Q&A boxes—to help grantees think through and document their planned data collection methods, sources, and responsible parties for each metric. Sections that correspond to sheets in the M&D report are highlighted in yellow. Once guiding questions are completed, this document should serve as a reference throughout the year to help grantees stay aligned with their original plans and troubleshoot any reporting challenges that arise.

At data submission time for each reporting period, grantees should consult this guide to ensure they complete the M&D report accurately and in accordance with their stated data collection approach.

If you have questions about M&D reporting, please contact the NCSMH evaluation team at BlueprintEval@som.umaryland.edu.

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Definitions

This section provides key definitions for terms that appear across the M&D report to ensure clarity and consistency in how metrics are interpreted and reported across grantees.

People

- **Students:** Residents of the state of Maryland who are in the 12th grade and younger and have received any grant-funded or grant-enhanced service(s) from your organization. While this funding is intended to enhance services available to public school students, private school and homeschool students who receive services should also be counted. When direct services are provided to caregivers, report the students of those caregivers.
- **Caregivers:** Parents, guardian, or direct caretaker of a student who receive grant-funded or grant-enhanced service(s) from your organization.
  Family members: Caregivers *plus* any other family members who live with a student but are not students themselves and receive grant-funded or grant-enhanced service(s) from your organization.
  School Staff: Individuals employed by or working in your jurisdiction's school system. When training school staff, do not count the students they work with.

Duplication

- **Metrics that say "duplicated"** allow for a person or event to be counted *once per report period*.
- **Metrics that say "unduplicated"** require that each person or event is only counted *once per grant year*, the first time they are eligible to be counted.

Multi-Tiered System of Supports (MTSS): A framework for organizing services in schools. The goal of MTSS is to provide the right level of support for each student's level of need. Services should be reported based on the tier of the service, not the student's level of need. Services partially or fully funded through this grant should align with the MTSS framework. The three tiers include:

- **Tier 1:** Services that promote positive social, emotional, and behavioral skills and well-being for *all* students and families, regardless of risk or need. Tier 1 services are can be schoolwide, gradewide, or targeted. Programs designed for caregivers or families are Tier 1.
- **Tier 2:** Services for students with emerging concerns or mild functional impairment. Tier 2 services are often brief and delivered in small groups or through targeted interventions. Tier 2 services are targeted.
  - **Examples**: Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Therapeutic Mentoring, transition support groups for newcomers and other small group or brief, individualized interventions for students identified with mild needs.
- **Tier 3:** Services to address mental health concerns for students with the highest needs who are already experiencing significant distress and functional impairment. Tier 3 services are targeted.
  - **Examples:** Safety Planning Intervention and other intensive individual or group therapy for students who have identified and/or diagnosed behavioral health needs.

Services include any grant-funded or grant-enhanced behavioral healthcare services delivered by your organization.

- **Close-looped referrals** are counted. If you refer a student to a service provided by another organization not funded by this grant and you receive confirmation that the student received the service, count that student as served.

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- **Schoolwide / gradewide** services are Tier 1 services that are provided to an entire school or grade. These are generally educational in nature and do not require demographic reporting, since that data can be pulled from the School Report Cards.
- **Targeted** services can be from any tier, and are generally "opt-in," meaning an individual would be referred or self-select to participate.

Outcomes/Assessments: Custom metrics refer to assessments that are used to determine outcomes. Sub-metrics outline exactly how to report these, including the number of individuals who received a pre-assessment, completed the intervention, and received a post-assessment. Satisfaction surveys are not outcome assessments, as they do not assess changes in the health or functioning of the student. Tier 2 and 3 outcomes are:

- **Improved:** Individuals whose scores improved between the pre- and post-assessments.
- **Maintained:** Individuals whose scores did not change between the pre- and post-assessments.
- **Deteriorated:** Individuals whose scores worsened between the pre- and post-assessments.

Tier 1 interventions assess the "intended outcome" via a pre-post assessment structure as well. For some tier 1 services (particularly schoolwide or gradewide services), it may not be feasible for individuals to complete both pre- and post-assessments. In these instances, it is acceptable to use a single post-assessment that assesses knowledge/skills gained with a cutoff score for the intended outcome.

Report Period: The grant year is divided into four quarterly report periods. Each report period represents a three-month window during which services were delivered (or post-assessments were collected) and data should be reported. Report period and M&D due dates are below (subject to change).

- **Report Period 1:** July 1, 2026 – September 30, 2026 (M&D due date: November 1, 2026)
- **Report Period 2:** October 1, 2026 – December 31, 2026 (M&D due date: February 1, 2027)
- **Report Period 3:** January 1, 2027 – March 31, 2027 (M&D due date: May 1, 2027)
- **Report Period 4:** April 1, 2027 – June 30, 2027 (M&D due date: August 1, 2027)

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Data Collection Overview

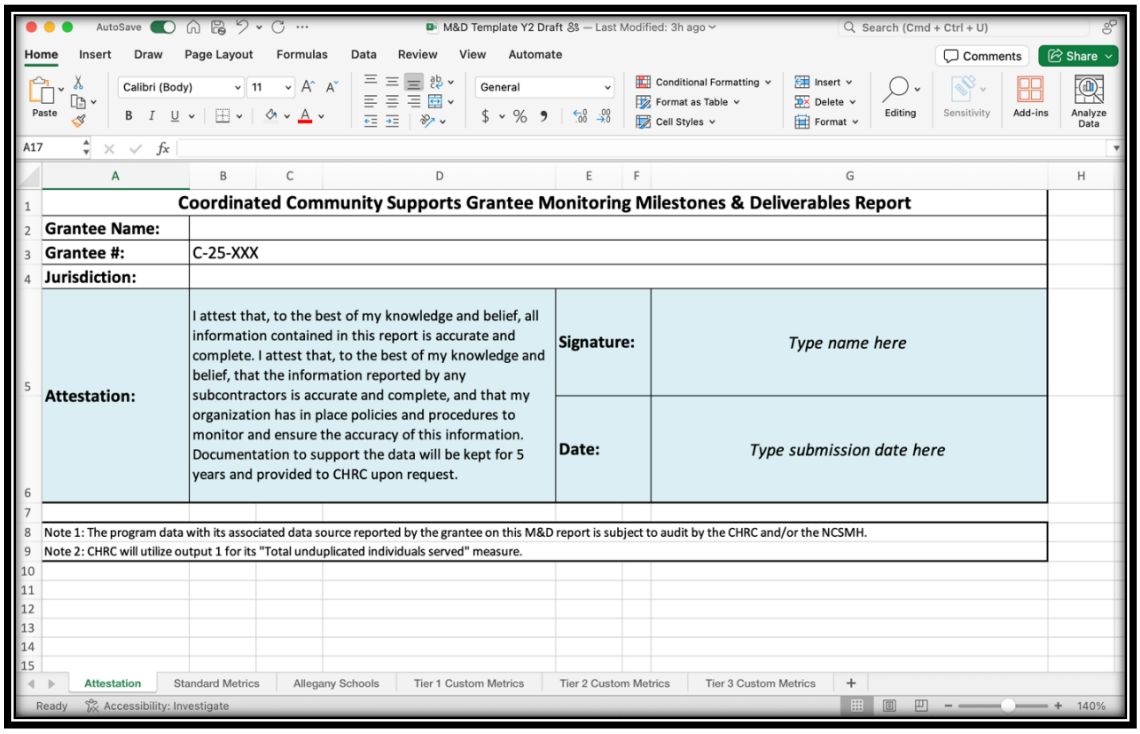
Before completing the metric definitions and planning questions in this guide, it's important to establish which data systems your organization will use to collect and manage information for the M&D reports. Identifying these systems up front will help ensure consistency in data entry, support accurate reporting, and clarify roles and responsibilities across your team. This includes any electronic health records, case management systems, school-based data platforms, or spreadsheets used to track services and outcomes.

Q: What data system(s) and/or electronic health/medical record system(s) will your organization use to collect the data required for the M&D reports?

A:

Attestation

Each time your organization submits an M&D report via the CHRC portal, the attestation must be updated. This can be found on the attestation tab of the M&D (see figure below). Type the name of the individual most responsible for creating or submitting the report next to the "Signature" cell and the date of the submission next to the "Date" cell. While an inserted image for the signature cell is acceptable, grantees **should not** change M&D reports to PDF to include a signature. The M&D should always remain an excel file.



	Coordinated Community Supports Grantee Monitoring Milestones & Deliverables Report			
Grantee Name:				
Grantee #:	C-25-XXX			
Jurisdiction:				
Attestation:	I attest that, to the best of my knowledge and belief, all information contained in this report is accurate and complete. I attest that, to the best of my knowledge and belief, that the information reported by any subcontractors is accurate and complete, and that my organization has in place policies and procedures to monitor and ensure the accuracy of this information. Documentation to support the data will be kept for 5 years and provided to CHRC upon request.	**Signature:**	*Type name here*	
		Date:	*Type submission date here*	

Note 1: The program data with its associated data source reported by the grantee on this M&D report is subject to audit by the CHRC and/or the NCSMH.
Note 2: CHRC will utilize output 1 for its "Total unduplicated individuals served" measure.

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Standard Metrics

Standard metrics are required data points that are designed to capture consistent, cross-cutting information across all grantees. These metrics include counts of individuals served, demographic characteristics, satisfaction and outcome data, school staff training, and workforce expansion. Unlike custom metrics—which are specific to the evidence-based practices (EBPs) your organization has chosen to implement—standard metrics reflect broader areas of service delivery and grant impacts that are relevant across the statewide initiative.

Not all standard metrics will apply to every grantee. For example, some grantees may not be training school staff or hiring new grant-funded positions. In these cases, organizations will see those metrics grayed in their M&D report template. If a metric is not applicable to your organization's scope of work, you are not required to answer the questions for that metric.

1. Unduplicated students served

1a. # Unduplicated students served – total. Report the total, unduplicated count of students served by your organization. Include students served via all tiers, including school- or grade-wide tier 1 services. School- and grade-level enrollment data should be pulled from the Maryland Public Schools Report Card.

1b. # Unduplicated students served except schoolwide / gradewide services. Report the total, unduplicated count of students served by your organization via tier 3, tier 2, and opt-in tier 1 services. Do not include schoolwide/gradewide tier 1 services.

1c. # Unduplicated students served that were not served during the 2024-2025 grant year (2024-2025 grantees only). Report the total, unduplicated count of students served by your organization this grant year that had not been served by your organization under the previous year of the grant. This only applies to service provider grantees who were also awarded for the 2024-2025 year. Do not include schoolwide/gradewide services here.

Q: How is your organization tracking students across all grant-funded or grant-enhanced services without duplication? If you were a grantee last year, how will you track which students were served last year?	**A:**

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2. Unduplicated students served by race/ethnicity
3. Unduplicated students served by gender
4. Unduplicated students served by grade level

2a-j. # Unduplicated students served by race/ethnicity. Report the total, unduplicated count of students served by your organization during the specified report period by race/ethnicity. Identities should not be based on assumptions. Students who report 2+ racial/ethnic groups are counted under 2h (two or more). If a student's race/ethnicity is unknown use 2j (Unknown / no response). If your organization provides schoolwide/gradewide services, 2a-2j should sum to 1b. If your organization does not provide schoolwide/gradewide services, 2a-2j should sum to 1a.

3a-d. # Unduplicated students served by gender. Report the total, unduplicated count of students served by your organization during the specified report period by gender. Identities should not be based on assumptions. If a student's gender is not provided, unknown, or unclear, use 3d (Unknown / no Response). If your organization provides schoolwide/gradewide services, 3a-3d should sum to 1b. If your organization does not provide schoolwide/gradewide services, 3a-3d should sum to 1a.

4a-e. # Unduplicated students served by grade. Report the total, unduplicated count of students served by your organization during the specified report period by grade level. If a student's grade level is not known or cannot be verified, use 4e (Unknown / no response). If your organization provides schoolwide/gradewide services, 4a-4e should sum to 1b. If your organization does not provide schoolwide/gradewide services, 4a-4e should sum to 1a.

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5. Satisfaction Surveys

This metric is **not unduplicated**, so individuals may be counted once per report period. If an individual completes multiple satisfaction surveys within a single report period, report only their **most recent** response. Grantees may use an existing satisfaction survey, the Sample Satisfaction Survey in Appendix A, or create/find one that meets their needs. Any satisfaction survey used must have scoring information such that responses can be classified as satisfied or not satisfied.

5a. # Students who completed a satisfaction survey. Report the total number of students who completed at least one satisfaction survey during the report period.

5b. # Students who reported satisfaction with services. Of the students who completed a satisfaction survey during this report period, report the number who indicated they were satisfied with the services they received on their most recent survey.

5c. # Family members who completed a satisfaction survey. Report the total number of family members who completed at least one satisfaction survey during the report period.

5d. # Family members who reported satisfaction with services. Of the family members who completed a satisfaction survey, report the number who indicated they were satisfied with the services they received on their most recent survey.

Q: What satisfaction survey(s) is/are your organization using for these services? Please provide a copy of your satisfaction survey via email or provide the items in answer box.	**A:**

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6. School staff trained

6a. # School staff who completed training. Report the total number of school staff who attended and completed a full training session funded or supported by the grant during the reporting period.

6b. # School staff who completed training assessment. Of the school staff who completed the training, report the number of staff who also completed the associated assessment (pre-post or post-only) used to evaluate competency in the training content.

6c. # School staff demonstrating competency in training content via assessment. Of those who completed the assessment, report the number who met or exceeded the predefined threshold for demonstrating competency. Your organization should define in advance what counts as "competency" (e.g., a score of 80% or higher, successful completion of a case study, or qualitative demonstration of skill).

*Metric 6 is **duplicated**, so individual staff members can be reported on once per report period, should they receive training from you across multiple report periods.*

Q: What training(s) are you providing to school staff?	**A:**
Q: What assessment tool(s) will you use to determine competency?	**A:**

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7. Unduplicated behavioral health workforce expansion

Each new position counts as 1, regardless of effort. This means full-time, part-time, and contractual employees are all counted as one each. If a position is filled, then the employee leaves and the position is filled again, only count the first time the position was filled, since it is no longer a new position. Since this metric only counts new positions filled that provide direct services, do not count grant-funded positions that do not provide direct services to students or family members here.

7a. # New positions created and filled that provide direct services and require licensure and/or supervision. Count new grant-funded positions (at least part of their salary comes from grant funding) filled that provide direct services to students and/or family members **and** require licensure (or supervision from a licensed professional) in 7a. This is based on the position requirements, not the credentials of the person hired. Examples include psychiatrists, psychologists, social workers, licensed professional counselors, nurse practitioners, physicians, occupational therapists, licensed substance abuse specialists, and pre-service behavioral health trainees.

7b. # New positions created and filled that provide direct services and do not require licensure and/or supervision. Count new grant-funded positions (at least part of their salary comes from grant funding) created that do not provide direct services and do not require licensure (or supervision from a licensed professional) in 7b. This is based on the position requirements, not the credentials of the person hired. Examples include peer navigators or specialists, mentors, non-licensed case managers, cultural liaisons/promotores/interpreters, community health workers, facilitators, and family advocates.

Q: Which positions require licensure and which do not?	**A:**
Q: If your organization has grants in multiple jurisdictions that are sharing new positions, in which grantee's M&D report will the positions be reported?	**A:**

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8. Unduplicated optional metrics

Since these metrics are optional, grantees are encouraged, but not required, to report them.

8a. # LGBTQIA+ students served. Report the total, unduplicated count of students served by your organization who identify with a marginalized gender or sexual identity, including but not limited to: lesbian, gay, bisexual, transgender, queer, intersex, asexual, pansexual, two spirit, demisexual, and non-binary identities.

8b. # Students with disabilities served. Report the total, unduplicated count of students served by your organization with a self- or parent-reported disability or a documented physical, developmental, behavioral, or mental health condition that significantly impacts daily functioning. This can include students with Individualized Education Programs (IEPs), Section 504 plans, or other diagnoses that meet this definition.

8c. # English Language Learner students served. Report the total, unduplicated count of students served by your organization who are identified as English Language Learners, based on school records, self-report, or family disclosure. These are students whose primary language is not English and who may receive or be eligible for language acquisition supports.

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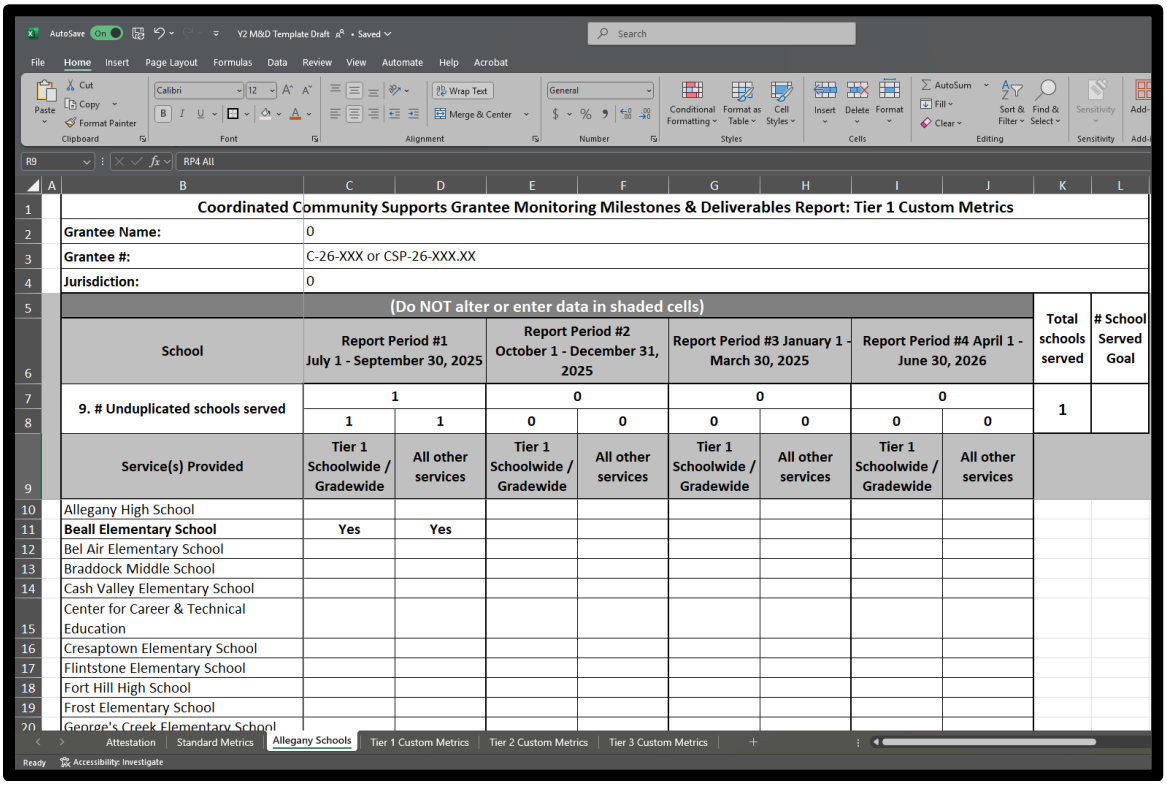
Schools

Metric 9 (# Unduplicated schools served) is its own sheet in the M&D report (see figure below). In this metric, use the drop-down to select "Yes" if you served a school during a given report period. Serving a school means providing grant-funded and/or grant-enhanced services to students, family members or caregivers of students, or school staff. Within each report period, use the appropriate column(s) that specify whether that school receives a schoolwide/gradewide service, or another type (tier 3, tier 2, or opt-in tier 1) of service. If you provided both a schoolwide/gradewide and another type of service to a school, select "yes" in both columns. Excel formulas sum the schools automatically.

For example, if Grantee 29 provided tier 1 school-wide mental health fair to students from Beall Elementary School during Report Period 1, the organization should select yes next to Beall Elementary School under 'Tier 1 Schoolwide/Gradewide' within Report Period 1. If they also provided other activities to Beall, such as a school staff training on trauma-informed care and tier 2 or 3 services to students from Beall, they should also select yes under the 'All other services' column for Report Period 1 next to Beall.



1	Coordinated Community Supports Grantee Monitoring Milestones & Deliverables Report: Tier 1 Custom Metrics										
2	**Grantee Name:**	0									
3	**Grantee #:**	C-26-XXX or CSP-26-XXX.XX									
4	**Jurisdiction:**	0									
5		(Do NOT alter or enter data in shaded cells)								Total schools served	# School Served Goal
6	**School**	**Report Period #1 July 1 - September 30, 2025**		**Report Period #2 October 1 - December 31, 2025**		**Report Period #3 January 1 - March 30, 2025**		**Report Period #4 April 1 - June 30, 2026**			
7	**9. # Unduplicated schools served**	**1**		**0**		**0**		**0**		**1**	
8		**1**	**1**	**0**	**0**	**0**	**0**	**0**	**0**		
9	**Service(s) Provided**	**Tier 1 Schoolwide / Gradewide**	**All other services**	**Tier 1 Schoolwide / Gradewide**	**All other services**	**Tier 1 Schoolwide / Gradewide**	**All other services**	**Tier 1 Schoolwide / Gradewide**	**All other services**		
10	Allegany High School										
11	**Beall Elementary School**	**Yes**	**Yes**								
12	Bel Air Elementary School										
13	Braddock Middle School										
14	Cash Valley Elementary School										
15	Center for Career & Technical Education										
16	Cresaptown Elementary School										
17	Flintstone Elementary School										
18	Fort Hill High School										
19	Frost Elementary School										
20	George's Creek Elementary School										

Appendix G.

Tier 1 Custom Metrics

10-19. Tier 1 Custom Metrics

Tier 1 Priority EBPs. Select all priority Evidence-Based Practices (EBPs) that your organization is implementing, along with your outcome measure(s) for that EBP. Measures not listed require approval from the NCSMH. **You will report on each priority EBP and outcome measure you select in your M&D report.**

☐ **11. Botvin Life Skills**
- ☐ Botvin Life Skills Pre-Post Assessment
- ☐ Another measure (write-in):

☐ **12. Chicago Parent Program (CPP)**
- ☐ Chicago Parent Program Toolkit: Parenting Questionnaire *for caregivers*
- ☐ Chicago Parent Program Toolkit: Strengths & Difficulties Questionnaire *for students*
- ☐ Another measure (write-in):

☐ **13. Circle of Security**
- ☐ Parental Stress Scale (PSS)
- ☐ Another measure (write-in):

☐ **14. Family Check-Up**
- ☐ Family Check-Up Parent/Caregiver Questionnaire on Family and Self
- ☐ Family Check-Up Parent/Caregiver Questionnaire on Child (11-17 years)
- ☐ Family Check-Up Parent/Caregiver Questionnaire on Child (6-10 years)
- ☐ Family Check-Up Parent/Caregiver Questionnaire on Child (2-5 years)
- ☐ Family Check-Up Adolescent Self Questionnaire (11-17 years)
- ☐ Parental Stress Scale (PSS)
- ☐ Another measure (write-in):

☐ **15. Youth Aware of Mental Health (YAM)**
- ☐ Youth Mental Health Literacy Scale (YMHLS)
- ☐ Literacy of Suicide Scale – Short Form
- ☐ Another measure (write-in):

☐ **16. Strengthening Families Program *Returning grantees only***
- ☐ Parental Stress Scale (PSS)
- ☐ Strengthening Families Program Youth Survey
- ☐ Strengthening Families Program Adult Survey
- ☐ Student Subjective Well-being Questionnaire (SSWQ)
- ☐ Another measure (write-in):

Appendix G.

10. Tier 1 unduplicated – total

10a. # Students served. Per the students definition, students served in tier 1 metrics includes both students who directly received services and students who live with a caregiver or family members who received services. Students who receive any tier 1 services and supports from your organization, regardless of whether the service or program is completed, are counted here.

10b. # Students served who completed service/program. All students who completed a tier 1 service or program.

10c. # Students served who completed a post- (or pre-post) assessment. For tier 1 services that lend themselves to a pre-post assessment, count all students who completed both the pre and post assessment. For tier 1 services that lend themselves to only a post assessment, count all students who completed the post assessment.

10d. # Students served who demonstrated intended outcome. Determine the intended outcome for each tier 1 service or program and how it will be determined if a student has met that criteria. This is typically accomplished by observing an increase in scores between pre and post assessments but could also include maintenance of scores between pre and post, a score above a certain cutoff on a post assessment only, or another method. Count the students (of those reported as assessed) who meet the criteria for the desired outcome.

10e. # Family members served. Visit the family members definition. Count any family members who received direct services here. For interventions that count caregivers, report them here.

10f. # Family members served who completed service/program. All family members who completed a tier 1 service or program. For interventions that count caregivers, report them here.

10g. # Family members served who completed a post- (or pre-post) assessment. For tier 1 services that lend themselves to a pre-post assessment, count all family members who completed both the pre and post assessment. For tier 1 services that lend themselves to only a post assessment, count all family members who completed the post assessment. For interventions that count caregivers, use that definition instead.

10h. # Family members served who demonstrated intended outcome via post- (or pre-post) assessment. Determine the intended outcome for each tier 1 service or program and how it will be determined if a family member has met those criteria. This is typically accomplished by observing an increase in scores between pre and post assessments but could also include maintenance of scores between pre and post, a score above a certain cutoff on a post assessment only, or another method. Count the family members (of those assessed) who meet the criteria for the desired outcome.

Students receiving multiple EBPs in a tier: If a student is served by more than one evidence-based practice (EBP) within the same tier during a single reporting period and has outcome data for multiple interventions, the grantee should select **one "primary" EBP** for that student when reporting aggregate outcomes by tier. This helps ensure that students are not double-counted or inconsistently represented in aggregate outcome totals. The primary EBP should be the one expected to have the **greatest likelihood of impact** or the **highest dosage** (e.g., more intensive, longer-term intervention). For example, if a student participates in both Bounce Back and SBIRT during the same period, and Bounce Back involves more sessions and structured support, it may be considered the primary EBP for reporting purposes. If no single EBP clearly meets this criterion, grantees may use their professional judgment and document their approach for internal consistency.

This table should be repeated for each tier 1 intervention reported in the M&D.

Appendix G.

17-19 Tier 1 Custom Metrics for Non-Priority EBPs / Services	
Q: What, if any, tier 1 services are you providing besides the priority EBPs you selected above?	**A:**
Q: What assessment tool(s) are you using for these services? *See Appendix B*	**A:**

Appendix G.

Tier 2 Custom Metrics

20-29. Tier 2 Custom Metrics

Tier 2 Priority EBPs. Select all priority EBPs that your organization is implementing, along with your outcome measure(s) for that EBP. Measures not listed require approval from the NCSMH. **You will report on each priority EBP and outcome measure you select in your M&D report.**

☐ **21. Bounce Back**
- ☐ Child Trauma Screen
- ☐ Pediatric Symptoms Checklist-17 items (PSC-17)
- ☐ Trauma Events Screening Inventory for Children (TESI-C)
- ☐ Trauma Exposure Checklist + Child PTSD Symptoms Scale
- ☐ UCLA PTSD Index
- ☐ Another measure (write-in):

☐ **22. Cognitive Behavioral Intervention for Trauma in Schools (CBITS)**
- ☐ Child Trauma Screen
- ☐ Pediatric Symptoms Checklist-17 items (PSC-17)
- ☐ Trauma Events Screening Inventory for Children (TESI-C)
- ☐ Trauma Exposure Checklist + Child PTSD Symptoms Scale
- ☐ UCLA PTSD Index
- ☐ Another measure (write-in):

☐ **23. Screening, Brief Intervention, and Referral to Treatment (SBIRT)**
- ☐ CAGE Adapted to Include Drug Use (CAGE-AID) *with adapted timeframe*
- ☐ CRAFFT Screening Test *with adapted timeframe*
- ☐ Global Appraisal of Individual Needs – Short Screener (GAIN-SS) Substance Disorders Domain
- ☐ Patient-Reported Outcomes Measurement Information System (PROMIS)
- ☐ Pediatric Symptoms Checklist-17 items (PSC-17)
- ☐ Another measure (write-in):

☐ **24. The Student Check-Up**
- ☐ Student Subjective Well-being Questionnaire (SSWQ)
- ☐ Pediatric Symptoms Checklist-17 items (PSC-17)
- ☐ EPOCH Measure of Adolescent Well-Being
- ☐ School Engagement Scale
- ☐ Morgan Jinks Student Efficacy Scale (MJSES)
- ☐ Another measure (write-in):

☐ **25. Therapeutic Mentoring**
- ☐ Youth Strength of Relationship Scale
- ☐ Pediatric Symptoms Checklist-17 items (PSC-17)
- ☐ Student Subjective Well-Being Scale (SWSS)
- ☐ Another measure (write-in):

Appendix G.

20. Tier 2 unduplicated – total

20a. # Students served. Students who receive any tier 2 services and supports from your organization, regardless of whether the service or program is completed, are counted here.

20b. # Students served who completed a pre-assessment. Students completed a baseline / pre-assessment at the beginning of a tier 2 service.

20c. # Students served who completed intervention. All students who completed a tier 2 intervention.

20d. # Students served who completed pre-assessment, intervention, and post-assessment. Count all students who completed a pre-assessment, the intervention, and a post-assessment, such that an outcome can be determined. This value must equal the sum of the e-g values below.

20e. # Students served who demonstrated improvement between pre- and post-assessments. Count all students who showed a change in scores that reflects improvement in well-being between their pre- and post-assessments. If assessment is ongoing, use each student's most recent assessment. You may count any positive change as improvement or use a more sophisticated method, should one exist. For example, if you are using a measure that has a reliable change index, you may choose to use that as your definition of demonstrating improvement for those students.

20f. # Students served who demonstrated maintenance between pre- and post-assessments. Count all students who show no change in scores between their pre- and post-assessments. If assessment is ongoing, use each students' most recent assessment. You may 1) count the exact same scores as a maintenance or 2) use a range of score changes (if you are using a more sophisticated method to determine improvement and deterioration).

20g. # Students served who demonstrated deterioration between pre- and post-assessments. Count all students who showed a change in scores that reflects deterioration in well-being between their pre- and post-assessments. If assessment is ongoing, use each students' most recent assessment. You may count any negative change as improvement or use a more sophisticated method, should one exist.

Grantees should **not** count a student in metrics 20c-g if that student has not completed the intervention. For example, if a student starts CBITS during report period 2, but has not completed the intervention, the student should only be counted in 20a-b. Once they complete the intervention (perhaps during report period 3), that student can be captured in 20c-g for the report period in which they completed the intervention and their post-assessment.

Q: How are assessments scored, such that for each student with a post-assessment, their responses can classify them as improved, maintained, or deteriorated?	**A:**

This table should be repeated for each tier 2 intervention reported in the M&D.

Appendix G.

26-29 Tier 2 Custom Metrics for Non-Priority EBPs / Services	
Q: What, if any, tier 2 services are you providing besides the priority EBPs you selected above?	**A: Parent Education Program**
Q: What assessment tool(s) are you using for these services? *See Appendix B*	**A:**

Appendix G.

Tier 3 Custom Metrics

30-39. Tier 3 Custom Metrics

Tier 3 Priority EBPs. Select all priority EBPs that your organization is implementing, along with your outcome measure(s) for that EBP. Measures not listed require approval from the NCSMH. **You will report on each priority EBP and outcome measure you select in your M&D report.**

☐ **31. Adolescent Community Reinforcement Approach (ACRA)**
- ☐ CAGE Adapted to Include Drug Use (CAGE-AID) *with adapted timeframe*
- ☐ CRAFFT Screening Test *with adapted timeframe*
- ☐ Global Appraisal of Individual Needs – Short Screener (GAIN-SS) Substance Disorders Domain
- ☐ Patient-Reported Outcomes Measurement Information System (PROMIS)
- ☐ Pediatric Symptoms Checklist-17 items (PSC-17)
- ☐ Another measure (write-in):

☐ **32. Counseling on Access to Lethal Means (CALM)**
- ☐ Ask Suicide-Screening Questions (ASQ)
- ☐ Columbia Suicide Severity Rating Scale (C-SSRS)
- ☐ Another measure (write-in):

☐ **33. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH-ADTC)**
- ☐ Pediatric Symptoms Checklist-17 items (PSC-17)
- ☐ Any problem specific measure found on page 19 (write-in):
- ☐ Another measure (write-in):

☐ **34. Stanley-Brown Safety Planning Intervention**
- ☐ Ask Suicide-Screening Questions (ASQ)
- ☐ Columbia Suicide Severity Rating Scale (C-SSRS)
- ☐ Another measure (write-in):

☐ **35. Unified Protocols for the Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents (UP-C/UP-A)**
- ☐ Patient Health Questionnaire-9 Items (PHQ-9)
- ☐ Pediatric Symptoms Checklist-17 items (PSC-17)
- ☐ Revised Children's Anxiety and Depression Scale (RCADS)
- ☐ Generalized Anxiety Disorder 7-item Scale (GAD-7)
- ☐ Another measure (write-in):

Appendix G.

30. Tier 3 unduplicated – total

30a. # Students served. Students who receive any tier 3 services and supports from your organization, regardless of whether the service or program is completed, are counted here.

30b. # Students served who completed pre-assessment. Students completed a baseline / pre-assessment at the beginning of a tier 3 service.

30c. # Students served who completed intervention. All students who completed a tier 3 intervention.

30d. # Students served who completed pre-assessment, intervention, and post-assessment. Count all students who completed a pre-assessment, the intervention, and a post-assessment, such that an outcome can be determined. This value must equal the sum of the e-g values below.

30e. # Students served who demonstrated improvement between pre- and post-assessments. Count all students who showed a change in scores that reflects improvement in well-being between their pre- and post-assessments. If assessment is ongoing, use each students' most recent assessment. You may count any positive change as improvement or use a more sophisticated method, should one exist.

30f. # Students served who demonstrated maintenance between pre- and post-assessments. Count all students who show no change in scores between their pre- and post-assessments. If assessment is ongoing, use each student's most recent assessment. You may 1) count the exact same scores as a maintenance or 3) use a range of score changes (if you are using a more sophisticated method to determine improvement and deterioration).

30g. # Students served who demonstrated deterioration between pre- and post-assessments. Count all students who showed a change in scores that reflects deterioration in well-being between their pre- and post-assessments. If assessment is ongoing, use each student's most recent assessment. You may count any negative change as improvement or use a more sophisticated method, should one exist.

Grantees should **not** count a student in metrics 30c-g if that student has not completed the intervention. For example, if a student starts MATCH-ADTC during report period 2, but has not completed the intervention, the student should only be counted in 30a-b. Once they complete the intervention (perhaps during report period 3), that student can be captured in 30c-g for the report period in which they completed the intervention and their post-assessment.

Appendix G.
This table should be repeated for each tier 3 intervention being reported in the M&D.

36-39 Tier 3 Custom Metrics for Non-Priority EBPs / Services	
Q: What, if any, tier 3 services are you providing besides the priority EBPs you selected above?	**A:**
Q: What assessment tool(s) are you using for these services? *See Appendix B*	**A:**

Appendix G.

Frequently Asked Questions

Understanding Unduplicated Metrics

Q: I still don't get what "unduplicated" means. Can you explain it again with an example?
A: Sure! Unduplicated refers to unique individuals *within a specific metric* row. Let's say you provided three different Tier 2 services this year, and the same student participated in all of them. For Metric 20a (Total Tier 2 students served), you should count that student only once—even though they received multiple Tier 2 services. That's unduplicated reporting: one person, one count per unduplicated metric over the grant. However, for different metrics, that same student may still appear. For example, they could also be counted in Tier 1 or Tier 3 metrics—just not twice in the same unduplicated metric.

Q: A student completed one Tier 3 group and then started a different Tier 3 group in the same reporting period. Should we count them twice for the Tier 3 served metric?
A: No. For Tier 3 total served (30a), that student should be counted once. If they completed pre/post assessments for both groups, choose one EBP to report their outcome under for the tier-level outcome metrics (30e–g). You may still include them under both EBPs in the custom EBP-specific tables—just don't duplicate them at the aggregate level.

Q: We had a student repeat the same Tier 3 intervention in two separate reporting periods. Do we report them twice?
A: No. For unduplicated metrics like Metric 30a (total students served by Tier 3), you should only report each student once over the life of the grant, during the first report period in which they received that service. For outcome metrics (e.g., 30e–g), the new guidance is to report only one set of outcomes per student, after they have completed the intervention and a full round of assessment. Even if a student participates in the same intervention again in a later period, you should not report a second outcome.
Note: This is a change from last grant year. Previously, ongoing assessment data could be reported across periods. Now, we ask grantees to report a student's outcome once, when the intervention is fully completed and post-assessment is available.

Q: A student attended a universal SEL classroom lesson (Tier 1) and also received Tier 2 group counseling. Are they counted twice?
A: They can be counted **once per tier**:

- Count them in Tier 1 under metrics 10a and 10c if they completed an SEL lesson with a post-assessment.
- Count them in Tier 2 under 20a and outcome metrics if they also completed the group counseling.

Just make sure not to double-count them within the same metric. Additionally, do not count them more than once in metric 1a and 1b.

Data Tracking & Incomplete Records

Q: What if we forget to track who got what service and when? Can we still complete the M&D report?
A: Unfortunately, accurate M&D reporting depends on having detailed records. If data were not tracked correctly during the service period, avoid guessing. Instead:

- Only report what you can verify.
- Use "Unknown/No Response" categories if applicable.

- Make a note in your internal documentation and strengthen data collection systems moving forward.

Q: We ran SBIRT for 30 students, but only 12 completed the full post-assessment. What can we report?
Answer: Report all 30 students under 20a (served). Report how many completed pre-assessment (20b), the full intervention (20c), and both assessments (20d). Only report outcomes (20e–g) for the 12 students with complete data. The same holds true for the SBIRT-specific metrics.

Q: We have a student who started an EBP but didn't complete it. Should we count them?
A: Yes! For total students served (e.g., 20a or 30a), you count everyone who **started** a service, even if they didn't finish. For completion and outcomes metrics (e.g., 20c, 20e), only include students who fully completed the intervention and assessments.

Q: What if we don't have outcome data yet? Some students are taking a long time to complete the intervention or the assessments.
A: That's totally okay! M&D outcome metrics (e.g., 20e–g or 30e–g) should only be completed once a student finishes the intervention and their post-assessment is available. If students haven't completed both yet—or if you're still waiting on post-assessment results—leave the outcome fields blank for those students for that report period. You can always include them in a future report period once their data is ready.

Behavioral Health Workforce Positions

Q: What if multiple grantees from the same organization are sharing a staff position? Who reports the new position created?
A: Only one grantee should report each shared position in their M&D. Coordinate across jurisdictions and decide where the FTE should be reported. Document that decision internally in case of audit or review.

Q: We only had funding to support part of a staff member's role. Do we still count that as a new position?
A: Yes! If any portion of a staff member's salary is supported by the grant, you should count that as one unduplicated position (Metric 7a or 7b), regardless of part-time/full-time or contractual status.

Indirect Counting of Students

Q: If we trained school staff (e.g., provided a PD), do we count all of their students under Metric 1?
A: No. Professional development (PD) for school staff does not count as direct services to students and should not be included in student metrics (e.g., Metric 1 or Tier 1–3 served counts). However, you can count the teachers under Metric 6 (School Staff Trained).

Q: A caregiver participated in a Tier 1 parenting intervention. Do I count them or their child in the metrics?
A: For 'family members served' metrics (e.g., 10e): Count the caregiver. For 'students served' metrics (e.g., 10a): Count the student(s) who live with that caregiver. Use the "Students" and "Family Members" definitions in the Common Definitions section for guidance.

Appendix G.

Q: We hosted a schoolwide wellness fair. Do we count every student in the school?
A: If the service was provided **to the entire school or grade**, yes—report the **full enrollment** using data from the School Report Card (Metric 10a). If it was opt-in (e.g., students chose to stop by), only count those who participated.

Other

Q: What's the difference between reporting outcomes by tier vs. by EBP?
A: Tier-level reporting (e.g., Metrics 20e, 30e) reflects the *overall impact* of Tier 2 or Tier 3 services. EBP-specific reporting shows which *programs* were responsible for those outcomes. Be careful not to count the same student's outcome multiple times within a tier, even if they completed multiple EBPs.

Q: We labeled a student as a "Tier 2 kid," so we counted them in Tier 2—even though the service was actually Tier 1. Is that okay?
A: No. In M&D reporting, the tier is based on the service provided—not the student's level of need. Even if a student has Tier 2-level concerns, if the service they received was a universal classroom lesson or a schoolwide SEL assembly, that service should be reported as Tier 1. Only services that are targeted, brief, and designed for students with mild or emerging concerns—such as small group counseling or therapeutic mentoring—should be counted as Tier 2. *Tip: Always start by asking, "What kind of service is this?" not "What kind of student is this?"* This helps maintain consistency across grantees and ensures the data accurately reflects the types of supports being provided. See the Common Definitions section for more on how tiers are determined.

Need more support?
BlueprintEval@som.umaryland.edu

Appendix A: Sample Satisfaction Survey

Self version (for use with a student or family member receiving direct services)

1. **How would you rate this program?**
    a. Excellent (5)
    b. Good (4)
    c. Acceptable (3)
    d. Poor (2)
    e. Very Poor (1)
2. **This program has helped me.**
    a. Strongly Agree (5)
    b. Agree (4)
    c. Neither Agree nor Disagree (3)
    d. Disagree (2)
    e. Strongly Disagree (1)
3. **I am treated well in this program.**
    a. Strongly Agree (5)
    b. Agree (4)
    c. Neither Agree nor Disagree (3)
    d. Disagree (2)
    e. Strongly Disagree (1)
4. **I am satisfied with this program.**
    a. Strongly Agree (5)
    b. Agree (4)
    c. Neither Agree nor Disagree (3)
    d. Disagree (2)
    e. Strongly Disagree (1)
5. **I would recommend this program to a friend.**
    a. Strongly Agree (5)
    b. Agree (4)
    c. Neither Agree nor Disagree (3)
    d. Disagree (2)
    e. Strongly Disagree (1)

Scoring instructions (do not include these instructions in the version given to the respondent):
Average the points for each answer selected. If the respondent did not select a response for each question, it is acceptable to average only the questions with responses. Average responses of 4 and above are considered satisfied. Average responses below 4 are considered dissatisfied.

Appendix G.

Other version (for use with a caregiver whose student is receiving direct services)

1. **How would you rate this program?**
    a. Excellent (5)
    b. Good (4)
    c. Acceptable (3)
    d. Poor (2)
    e. Very Poor (1)
2. **This program has helped my child.**
    a. Strongly Agree (5)
    b. Agree (4)
    c. Neither Agree nor Disagree (3)
    d. Disagree (2)
    e. Strongly Disagree (1)
3. **My child is treated well in this program.**
    a. Strongly Agree (5)
    b. Agree (4)
    c. Neither Agree nor Disagree (3)
    d. Disagree (2)
    e. Strongly Disagree (1)
4. **I am satisfied with this program.**
    a. Strongly Agree (5)
    b. Agree (4)
    c. Neither Agree nor Disagree (3)
    d. Disagree (2)
    e. Strongly Disagree (1)
5. **I would recommend this program to a friend.**
    a. Strongly Agree (5)
    b. Agree (4)
    c. Neither Agree nor Disagree (3)
    d. Disagree (2)
    e. Strongly Disagree (1)

Scoring instructions (do not include this in the version given to the respondent): Average the points for each answer selected. If the respondent did not select a response for each question, it is acceptable to average only the questions with responses. Average responses of 4 and above are considered satisfied. Average responses below 4 are considered dissatisfied.

Appendix B: Outcome Measures Options

For non-priority EBPs, the following outcome measures are provided to help grantees. Grantees are encouraged, but not required, to report on non-priority EBPs. It is acceptable to use outcome measures outside of this list, although they must be provided to the NCSMH along with their scoring instructions to determine the outcome.

Global Symptom / Functioning Outcome Measures

- Pediatric Symptom Checklist (PSC-17) (preferred)
- Mood and Feelings Questionnaire (MFQ)
- Global Appraisal of Individual Needs-Short Screener (GAIN-SS)
- Strengths and Difficulties (SDQ)
- Brief Problems Checklist (BPC)
- Student Subjective Wellbeing Questionnaire (SSWQ)

Problem-Specific Outcome Measures

- Patient Health Questionnaire (PHQ-9): Mood / depression including Suicide Risk
- Generalized Anxiety Disorder (GAD-7): Anxiety
- Screen for Child Anxiety Related Disorders (SCARED): Anxiety
- Revised Child Anxiety and Depression Scale (RCADS): Anxiety and Mood
- Swanson, Nolan and Pelham Teacher and Parent Rating Scale (SNAP-IV): Attention / Concentration and Behavior
- Vanderbilt ADHD Diagnostic Rating Scale: Attention / Concentration, Behavior, Anxiety, Mood, Social Skills

Coordinated Community Supports Grantee Monitoring Milestones & Deliverables Report			
Grantee Name:			
Grantee #:	C-27-XXX		
Jurisdiction:			
Attestation:	I attest that, to the best of my knowledge and belief, all information contained in this report is accurate and complete. I attest that, to the best of my knowledge and belief, that the information reported by any subcontractors is accurate and complete, and that my organization has in place policies and procedures to monitor and ensure the accuracy of this information. Documentation to support the data will be kept for 5 years and provided to CHRC upon request.	**Signature:**	
		Date:	

Note 1: The program data with its associated data source reported by the grantee on this M&D report is subject to audit by the CHRC and/or the NCSMH.
Note 2: CHRC will utilize output 1 for its "Total unduplicated individuals served" measure.

Appendix H

Coordinated Community Supports Grantee Monitoring Milestones & Deliverables Report: Standard Metrics							
Grantee Name:	SAMPLE - will be customized for FY 2027 grantees						
Grantee #:	C-27-XXX						
Jurisdiction:	0						
(Do NOT alter or enter data in shaded cells)							
Domain	**Output**	**Report Period #1**	**Report Period #2**	**Report Period #3**	**Report Period #4**	**Total**	**Goal**
1. Unduplicated students served	1a. # Unduplicated students served - total					**0**	
	1b. # Unduplicated students served except schoolwide / gradewide services					**0**	
	1c. # Unduplicated students served that were not served during 2025-2026 grant year (2025-2026 grantees only)					**0**	
2. Unduplicated students served by race / ethnicity	2a. # American Indian / Alaska Native / First Nations					**0**	
	2b. # Asian					**0**	
	2c. # Black / African American					**0**	
	2d. # Hispanic / Latine					**0**	
	2e. # Native Hawaiian / Pacific Islander					**0**	
	2f. # White					**0**	
	2h. # Two or more					**0**	
	2i. # Not listed					**0**	
	2j. # Unknown / no response					**0**	
3. Unduplicated students served by gender	3a. # Female / woman / girl					**0**	
	3b. # Male / man / boy					**0**	
	3c. # Non-binary					**0**	
	3d. # Unknown / no response					**0**	
4. Unduplicated students served by grade level	4a. # Pre-school / Early childhood / Pre-Kindergarten					**0**	
	4b. # Elementary school (grades K-5)					**0**	
	4c. # Middle school (grades 6-8)					**0**	
	4d. # High school (grades 9-12)					**0**	
	4e. # Unknown / no response					**0**	
5. Satisfaction	5a. # Students who completed a satisfaction survey					**0**	
	5b. # Students who reported satisfaction with services					**0**	

Appendix H

Domain	Output	Report Period #1	Report Period #2	Report Period #3	Report Period #4	Total	Goal
surveys	5c. # Family members who completed a satisfaction survey					**0**	
	5d. # Family members who reported satisfaction with services					**0**	
6. School staff trained	6a. # School staff who completed training					**0**	
	6b. # School staff who completed training assessment					**0**	
	6c. # School staff demonstrating competency in training content via assessment					**0**	
7. Unduplicated behavioral health workforce expansion	7a. # Positions filled that provide direct services and require licensure and/or supervision					**0**	
	7b. # Positions filled that provide direct services and do not require licensure and/or supervision					**0**	
8. Unduplicated optional metrics	8a. # LGBTQIA+ students served					**0**	
	8b. # Students with disabilities served					**0**	
	8c. # English language learner students served					**0**	

Appendix H

Coordinated Community Supports Grantee Monitoring Milestones & Deliverables Report: Tier 1 Custom Metrics	
Grantee Name:	SAMPLE - will be customized for FY 2027 grantees
Grantee #:	C-27-XXX
Jurisdiction:	0

(Do NOT alter or enter data in shaded cells)										
School	**Report Period #1**		**Report Period #2**		**Report Period #3**		**Report Period #4**		**Total schools served**	**# School Served Goal**
9. # Unduplicated schools served	**0**		**0**		**0**		**0**			
	0	**0**	**0**	**10**	**0**	**0**	**0**	**0**		
Service(s) Provided	**Schoolwide / Gradewide**	**All other services**	**Schoolwide / Gradewide**	**All other services**	**Schoolwide / Gradewide**	**All other services**	**Schoolwide / Gradewide**	**All other services**		
School A										
School B										
School C										
School D										
School E										
School F										
School G										
School H										
School I										
School J										
School K										
School L										
School M										
School N										
School O										

Coordinated Community Supports Grantee Monitoring Milestones & Deliverables Report: Custom Metrics							
Grantee Name:	0						
Grantee #:	C-27-XXX						
Jurisdiction:	0						
(Do NOT alter or enter data in shaded cells)							
Domain / Intervention	**Output**	**Report Period #1**	**Report Period #2**	**Report Period #3**	**Report Period #4**	**Total**	**Goal**
Intervention #1	10a. # Students served					**0**	
	10b. # Students served who completed service/program					**0**	
	10c. # Students served who completed post- (or pre-post) assessment					**0**	
	10d. # Students served who demonstrated intended outcome via post- (or pre-post) assessment					**0**	
	10e. # Family members served					**0**	
	10f. # Family members served who completed service/program					**0**	
	10g. # Family members who completed post- (or pre-post) assessment					**0**	
	10h. # Family members who demonstrated intended outcome via post- (or pre-post) assessment					**0**	

Appendix I.

Sample letter of support from Superintendent or Designee

[LEA LETTERHEAD]

Date

Dear Maryland Community Health Resources Commission,

XXXX Public Schools is pleased to support the application of [APPLICANT ORGANIZATION] for a service provider grant under the Community Supports Partnerships Request for Applications (RFA) issued by the Maryland Community Health Resources Commission in December 2025.

XXXX Public Schools has been working/planning with [APPLICANT ORGANIZATION] since [DATE]. [DESCRIBE PREVIOUS INTERACTIONS.] [NAME(s) OF LEA STAFF MEMBER(S)] has reviewed [APPLICANT ORGANIZATION'S] proposal and determined that it aligns with the priorities of XXXX Public Schools. XXXX Public Schools has reviewed the applicant's proposed budget and Evidence-Based Programming.

If [APPLICANT ORGANIZATION] is funded under the RFA, XXXX Public Schools commits to:

- Permit [APPLICANT ORGANIZATION] to provide the following services: XXXX
- [IF KNOWN] Permit services to be provided in the following schools OR for students from the following schools: XXXX
- Permit services to be provided during the following times: XXXX
- [IF APPLICABLE] Provide confidential spaces in schools for the provision of services
- [IF APPLICABLE] Refer students to services provided by [APPLICANT ORGANIZATION] in the following way(s): XXXX
- OTHER

OPTIONAL: [APPLICANT ORGANIZATION] commits to the following: XXXX

[APPLICANT ORGANIZATION] currently has a Memorandum of Understanding with XXXX Public Schools OR XXXX Public Schools will develop a Memorandum of Understanding by [DATE] with [APPLICANT ORGANIZATION] if [APPLICANT ORGANIZATION] is selected for funding under this RFA.

If awarded, grant funds will not supplant existing funding for student behavioral health.

XXXX Public Schools requests a favorable review of [APPLICANT ORGANIZATION'S] proposal under the Community Supports Partnerships RFA.

Sincerely,

Superintendent/Designee

Appendix J.

Data Toolkit for Applicants

As part of the Coordinated Community Supports Partnerships Call for Proposals, the CHRC and Consortium are providing potential applicants with recommended databases and measures to support the preparation of grant proposals. These data sets can be used by applicants to identify unmet needs and develop programs and priorities. These data sets are recommended, not required. Applicants may use other data and sources to describe need in their communities.

Examples of jurisdiction-level measures that could be used to identify priorities include: prevalence of ACEs, substance misuse, depression and suicidality; number of justice-involved students; behavioral health provider shortages; gaps in school mental health services; number of disciplinary incidents/violence; behavioral health emergency department and overall utilization rates for Medicaid-covered youth; and percentage of uninsured children. Examples of measures at the school level that could be used to target interventions to areas of greatest need include: socioeconomic need (free and reduced lunches), chronic absenteeism, graduation rates, number of Limited English proficient students, and student homelessness counts.

The following databases are recommended for jurisdiction-level data:

- HRSA Mental Health Professional Shortage Areas (HPSAs): https://data.hrsa.gov/tools/shortage-area/hpsa-find
- Youth Risk Behavior Surveillance System (YRBS): https://health.maryland.gov/phpa/ccdpc/Reports/Pages/YRBS-2022-2023.aspx
- Department of Juvenile Services Data Resource Guide: https://djs.maryland.gov/Documents/DRG/Data_Resource_Guide_FY2024.pdfMSDE report on Suspensions, Expulsions, and Health Related Exclusions Maryland Public Schools 2024 - 2025: https://marylandpublicschools.org/about/Documents/DCAA/SSP/20242025Student/2025-Student-Suspension-Expulsion-Publication-A.pdf
- U.S. Census Bureau Small Area Health Insurance Estimates (SAHIE) Program: https://www.census.gov/data-tools/demo/sahie/#/
- Report on Behavioral Health Services for Children Required by Section 7.5-209 of the Health-General Article: https://dlslibrary.state.md.us/publications/Exec/MDH/BHA/HG7.5-209%28e%29.FY_2023.pdf
- Maryland Behavioral Health Workforce Assessment Report: https://dlslibrary.state.md.us/publications/Exec/MDH/MHCC/SB283Ch286HB418Ch287(2)(2023)_2024.pdf
- School Health Assessment and Performance Evaluation (SHAPE) System analyses by LEAs: if applicable, contact local school district
- Local Community Health Needs Assessments: optional, contact local health departments and health systems
- Local Behavioral Health Authority Needs Assessments: optional, contact Local Behavioral Health Authorities
- Local Management Board Needs Assessments: optional, contact Local Management Board

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The following databases are recommended for school-level data:

- School Report Card: https://reportcard.msde.maryland.gov/
- LEA Blueprint Implementation Plans: https://aib.maryland.gov/Pages/local-school-systems.aspx
- Community schools' needs assessments: if applicable, contact local Community Schools
- List of Community Schools: see RFA

A description of each data set, suggested measures from each, and tips for utilizing these data sets are included in the Application Data Toolkit posted on the Call for Proposals website. Applicants should select measures that correlate to their programs and should ***not*** include every suggested measure. Applicants may use other verifiable data sources and should describe these in their proposals.

Recommended online databases:

1. Health Professional Shortage Areas (HPSAs): https://data.hrsa.gov/tools/shortage-area/hpsa-find

Suggested measures:

- Geographic HPSA for Mental Health
- Population HPSA for Mental Health

Other tips:

- Jurisdiction-level data.
- Use the following filters:
    - Maryland
    - County
    - HPSA Discipline: Mental Health
    - HPSA Status: Designated
    - HPSA Designation Types: All Geographic, All Population
- May include HPSA score, on a scale of 0-26.

2. Youth Risk Behavior Surveillance System (YRBS):
https://health.maryland.gov/phpa/ccdpc/Reports/Pages/YRBS-2022-2023.aspx
Suggested measures (High School):

- Percentage of students who felt sad or hopeless almost every day for more than two weeks in a row (QN25)
- Percentage of students who seriously considered attempting suicide (QN26)
- Percentage of students who reported that their mental health was most of the time or always not good (QN85)
- Percentage of students who ever took prescription pain medicine without a doctor's prescription (QN49)

- Percentage of students who ever used heroin (QN52)
- Percentage of students who ever used methamphetamine (QN53)
- Percentage of students who reported that a parent or other adult in their home most of the time or always swore at them, insulted them, or put them down (QN110)
- Percentage of students who have ever been separated from a parent or guardian because they went to jail, prison, or a detention center (QN113)
- Percentage of students who reported that their parents or other adults in their home most of the time or always slapped, hit, kicked, punched, or beat each other up (QN114)

Suggested measures (Middle School):

- Percentage of students who felt sad or hopeless almost every day for more than two weeks in a row (QN49)
- Percentage of students who ever seriously thought about killing themselves (QN14)
- Percentage of students who reported that their mental health was most of the time or always not good (QN44)
- Percentage of students who ever took prescription pain medicine without a doctor's prescription (QN29)
- Percentage of students who reported that a parent or other adult in their home most of the time or always swore at them, insulted them, or put them down (QN79)
- Percentage of students who have ever been separated from a parent or guardian because they went to jail, prison, or a detention center (QN82)
- Percentage of students who ever saw someone get physically attacked, beaten, stabbed, or shot in their neighborhood (QN11)

Other tips:

- Jurisdiction-level data.
- Use County Level Summary Tables for Middle School and/or High School.
- Compare with State Level Summary Tables and with other County Level Summary Tables.
- Some measures indicate Adverse Childhood Experiences (ACEs).
- Measures above correspond to the 2022-2023 YRBS report. A new version may become available, and questions may vary.

3. Department of Juvenile Services Data Resource Guide:
https://djs.maryland.gov/Documents/DRG/Data_Resource_Guide_FY2024.pdf
Suggested measures:

- Number of referrals to DJS per thousand youth ("Total complaints" x 1000/total youth population)

Other tips:

- Jurisdiction level data begins on page 25.
- Compare with statewide data also found on page 25 or data from other jurisdictions.

- Numerator is "Total Complaints" found at the bottom of the Complaint Source table.
- Denominator is the total youth population listed under "U.S. Census and Maryland Department of Planning Estimation Data" at the top right of the page.
- Race and ethnicity data is also available, data on types of offenses, trends.

4. MSDE report on Suspensions, Expulsions, and Health Related Exclusions Maryland Public Schools
2024 – 2025:
https://marylandpublicschools.org/about/Documents/DCAA/SSP/20242025Student/2025-Student-Suspension-Expulsion-Publication-A.pdf

Suggested measures:

- Percentage of students suspended or expelled for the jurisdiction

Other tips:

- Jurisdiction-level data.
- Summary table on page 7.
- Compare with statewide data or data from other jurisdictions.
- Includes data tables disaggregated by race and ethnicity, grade, frequency/repeated offenses, elementary vs middle vs high school, types of offenses, etc.

5. U.S. Census Bureau Small Area Health Insurance Estimates (SAHIE) Program: https://www.census.gov/data-tools/demo/sahie/#/

Suggested measures:
a. Percentage of uninsured individuals under the age of 18

Other tips:

- Jurisdiction-level data.
- Use the following filters:
    - Maryland
    - County
    - Age group: Under 19
    - HPSA Designation Types: All Geographic, All Population
- Filters for race subgroups are not available for the Under 19 age group or Counties.
- Compare rate with statewide benchmark or other jurisdictions.

6. Report on Behavioral Health Services for Children Required by Section 7.5-209 of the Health-General Article, FY 2022:
https://dlslibrary.state.md.us/publications/Exec/MDH/BHA/HG7.5-209%28e%29.FY_2023.pdf

Appendix J.

Suggested measures:

- Number of 30-Day Readmissions to Psychiatric Inpatient and Residential Treatment Facilities (page 26, 64-65)
- Number and Percent Eligible for Public Behavioral Health System Services within each Jurisdiction (page 67-68)
- Number and Percent of Child and Young Adult Recipients of Public Behavioral Health System Services (page 69-71)
- Number and Percent of Public Behavioral Health System Recipients of Inpatient Psychiatric Hospitalization (page 75-77)

Other tips:
- Compare rates with statewide averages or other jurisdictions.

7. Maryland Behavioral Health Workforce Assessment Report:
https://dlslibrary.state.md.us/publications/Exec/MDH/MHCC/SB283Ch286HB418Ch287(2)(2023)_2024.pdf

Suggested measures:
- Maryland BH Professionals Per Capita by County (page 18)
- Counselors, Therapists, Psychologists, and Social Workers Employment Estimates By County (page 21)
- Employment Estimates by County Per 30,000 Residents (pages 108-109)
- Demographic Estimates by BH Occupation and County (pages 110-121)

Other tips:
- Include rank as compared with other jurisdictions
- Compare rates with statewide averages or other jurisdictions.

8. MSDE School Report Card: https://reportcard.msde.maryland.gov/

Suggested measures:
- Socioeconomic need (look at "Free and Reduced Meals" under "Demographics/Student Group Populations")
- Limited English proficient students (look at "English Learner" under "Demographics/Student Group Populations")
- Student homelessness counts (look at "Homeless" under "Demographics/Student Group Populations")
- Chronic absenteeism (look at "Attendance" under Demographics/Student Group Populations;" left side menu includes several different measures of chronic absenteeism)
- Graduation rates (for High School only, look at "Report Card")

Other tips:

- School-level data.
- Compare data with benchmarks for the state or the jurisdiction.
- Demographic data sets may be the most useful for demonstrating need, though academic data can also be referenced.
- Look at data definitions.
- Report Card details include Equity Data for academic measures; can be disaggregated by race and economic disadvantage).

9. LEA Blueprint Implementation Plans: https://aib.maryland.gov/ImplementationPlans/Pages/LEA%20Implementation%20Plans.aspx

10. List of Community Schools: See Appendix L

Appendix K.

Wraparound Supports

Consistent with the Consortium's legislative mandate, this RGA will support funding for wraparound supports. Under this RFA, wraparound supports are defined as holistic supports that address the student's behavioral health needs but are not considered traditional behavioral health services. Wraparound support funded under this RFA must meet 4 criteria:

1. Limited to students with identified behavioral health challenges, or at significant risk, and their families;
2. When appropriate, should be connected to traditional behavioral health services;
3. Ineligible for reimbursement through Medicaid, the Developmental Disabilities Administration (DDA), or other State support (e.g., not Targeted Case Management (TCM), TCM+, or High-Fidelity Wraparound models); and
4. Must involve schools in planning and/or implementation.

Examples of wraparound supports include:

1. Transportation to behavioral health services;
2. Peer support;
3. Parenting classes;
4. Afterschool activities that implement evidence-based behavioral health programming;
5. Evidence-based mentoring programs;
6. Developing and monitoring care plan for students with identified behavioral health needs; and
7. Navigation to ***link*** students and families to essential supports such as:
    - Somatic health services and health insurance
    - Academic and vocational supports
    - Extra-curricular activities that do not implement behavioral health EBPs
    - Services that address non-medical Social Determinants of Health (SDOH) needs.

The Consortium's definition of wraparound for this RFA differs from the definition of wraparound in other programs:

- Community Schools: When compared with the Community Schools' definition of wraparound, the Consortium's approach is more focused on behavioral health, and is only available to targeted students and families. This RFA will not support direct funding for activities such as extended learning, field trips, tutoring, somatic health services, vision, dental, etc. that are within the Community Schools' definition of

wraparound. Instead, this RFA will support programs that *link* students and families to a broad array of supports.

- High Fidelity Wraparound/Targeted Case Management: When compared to these approaches to wraparound, the Consortium's approach is less intensive and available to more students and families. This RFA will not support direct funding for models that are reimbursable through Medicaid and the 1915(i) program. Instead, programs funded by this RFA and the Partnership model should help to educate and connect families to resources for high intensity wraparound supports.

School Name	Local Education Agency
FLINTSTONE SCHOOL	ALLEGANY COUNTY
SOUTH PENN ELEMENTARY	ALLEGANY COUNTY
JOHN HUMBIRD ELEMENTARY	ALLEGANY COUNTY
FT HILL HIGH	ALLEGANY COUNTY
WASHINGTON MIDDLE	ALLEGANY COUNTY
NORTHEAST ELEMENTARY	ALLEGANY COUNTY
BRADDOCK MIDDLE	ALLEGANY COUNTY
CENTER FOR CAREER & TECH EDUC	ALLEGANY COUNTY
WEST SIDE ELEMENTARY	ALLEGANY COUNTY
CRESAPTOWN ELEMENTARY	ALLEGANY COUNTY
WESTERNPORT ELEMENTARY	ALLEGANY COUNTY
WESTMAR MIDDLE	ALLEGANY COUNTY
GEORGE'S CREEK ELEMENTARY	ALLEGANY COUNTY
MT SAVAGE ELEMENTARY	ALLEGANY COUNTY
BEALL ELEMENTARY	ALLEGANY COUNTY
CASH VALLEY	ALLEGANY COUNTY
PARKSIDE SCHOOL	ALLEGANY COUNTY
BROOKLYN PARK MIDDLE	ANNE ARUNDEL COUNTY
GLEN BURNIE SENIOR HIGH	ANNE ARUNDEL COUNTY
CORKRAN MIDDLE SCHOOL	ANNE ARUNDEL COUNTY
LINDALE MIDDLE	ANNE ARUNDEL COUNTY
MARLEY MIDDLE	ANNE ARUNDEL COUNTY
BELLE GROVE ELEMENTARY	ANNE ARUNDEL COUNTY
BROOKLYN PARK ELEMENTARY	ANNE ARUNDEL COUNTY
GEORGE CROMWELL ELEMENTARY	ANNE ARUNDEL COUNTY
FREETOWN ELEMENTARY	ANNE ARUNDEL COUNTY
GLENDALE ELEMENTARY	ANNE ARUNDEL COUNTY
HILLTOP ELEMENTARY	ANNE ARUNDEL COUNTY
MARLEY ELEMENTARY	ANNE ARUNDEL COUNTY
NORTH GLEN ELEMENTARY	ANNE ARUNDEL COUNTY
OAKWOOD ELEMENTARY	ANNE ARUNDEL COUNTY
OVERLOOK ELEMENTARY	ANNE ARUNDEL COUNTY
PARK ELEMENTARY	ANNE ARUNDEL COUNTY

POINT PLEASANT ELEM	ANNE ARUNDEL COUNTY
QUARTERFIELD ELEMENTARY	ANNE ARUNDEL COUNTY
RICHARD HENRY LEE ELEMENTARY	ANNE ARUNDEL COUNTY
WOODSIDE ELEMENTARY	ANNE ARUNDEL COUNTY
MARLEY GLEN SCHOOL	ANNE ARUNDEL COUNTY
NORTH COUNTY HIGH	ANNE ARUNDEL COUNTY
HIGH POINT ELEMENTARY	ANNE ARUNDEL COUNTY
BROCK BRIDGE ELEMENTARY	ANNE ARUNDEL COUNTY
HEBRON HARMAN ELEMENTARY	ANNE ARUNDEL COUNTY
MARYLAND CITY ELEMENTARY	ANNE ARUNDEL COUNTY
MEADE HEIGHTS ELEMENTARY	ANNE ARUNDEL COUNTY
VAN BOKKELEN ELEMENTARY	ANNE ARUNDEL COUNTY
MEADE SENIOR HIGH	ANNE ARUNDEL COUNTY
GLEN BURNIE PARK ELEMENTARY	ANNE ARUNDEL COUNTY
SOUTHGATE ELEMENTARY	ANNE ARUNDEL COUNTY
RIPPLING WOODS ELEMENTARY	ANNE ARUNDEL COUNTY
RUTH PARKER EASON SCHOOL	ANNE ARUNDEL COUNTY
MEADE MIDDLE	ANNE ARUNDEL COUNTY
ANNAPOLIS SR HIGH	ANNE ARUNDEL COUNTY
ANNAPOLIS MIDDLE	ANNE ARUNDEL COUNTY
MARY MOSS @ J. ALBERT ADAMS ACADEMY	ANNE ARUNDEL COUNTY
PHOENIX ACADEMY	ANNE ARUNDEL COUNTY
ANNAPOLIS ELEMENTARY	ANNE ARUNDEL COUNTY
EASTPORT ELEMENTARY	ANNE ARUNDEL COUNTY
GEORGETOWN EAST ELEMENTARY	ANNE ARUNDEL COUNTY
GERMANTOWN ELEMENTARY	ANNE ARUNDEL COUNTY
LOTHIAN ELEMENTARY	ANNE ARUNDEL COUNTY
MILLS PAROLE ELEMENTARY	ANNE ARUNDEL COUNTY
TRACEYS ELEMENTARY	ANNE ARUNDEL COUNTY
TYLER HEIGHTS ELEMENTARY	ANNE ARUNDEL COUNTY
MONARCH ACADEMY ANNAPOLIS	ANNE ARUNDEL COUNTY
CATONSVILLE CTR FOR ALTER STUD	BALTIMORE COUNTY
MEADOWOOD EDUCATION CTR	BALTIMORE COUNTY

ROSEDALE CENTER	BALTIMORE COUNTY
CROSSROADS CENTER	BALTIMORE COUNTY
WESTOWNE ELEMENTARY	BALTIMORE COUNTY
EDMONDSON HEIGHTS ELEMENTARY	BALTIMORE COUNTY
JOHNNYCAKE ELEMENTARY	BALTIMORE COUNTY
MAIDEN CHOICE SCHOOL	BALTIMORE COUNTY
DOGWOOD ELEMENTARY	BALTIMORE COUNTY
CHADWICK ELEMENTARY	BALTIMORE COUNTY
WOODBRIDGE ELEMENTARY	BALTIMORE COUNTY
SOUTHWEST ACADEMY	BALTIMORE COUNTY
WOODLAWN HIGH	BALTIMORE COUNTY
RANDALLSTOWN ELEMENTARY	BALTIMORE COUNTY
FEATHERBED LANE ELEMENTARY	BALTIMORE COUNTY
WOODMOOR ELEMENTARY	BALTIMORE COUNTY
SCOTTS BRANCH ELEMENTARY	BALTIMORE COUNTY
CHURCH LANE ELEMENTARY	BALTIMORE COUNTY
HEBBVILLE ELEMENTARY	BALTIMORE COUNTY
POWHATAN ELEMENTARY	BALTIMORE COUNTY
WINFIELD ELEMENTARY	BALTIMORE COUNTY
WINAND ELEMENTARY	BALTIMORE COUNTY
HERNWOOD ELEMENTARY	BALTIMORE COUNTY
DEER PARK ELEMENTARY	BALTIMORE COUNTY
NEW TOWN ELEMENTARY	BALTIMORE COUNTY
NORTHWEST ACADEMY OF HEALTH SCIENCE	BALTIMORE COUNTY
WOODLAWN MIDDLE	BALTIMORE COUNTY
DEER PARK MIDDLE & MAGNET SCHO	BALTIMORE COUNTY
WINDSOR MILL MIDDLE	BALTIMORE COUNTY
MILFORD MILL ACADEMY	BALTIMORE COUNTY
RANDALLSTOWN HIGH	BALTIMORE COUNTY
BEDFORD ELEMENTARY	BALTIMORE COUNTY
WELLWOOD INTERNATIONAL MAGNET	BALTIMORE COUNTY
MILBROOK ELEMENTARY	BALTIMORE COUNTY
WOODHOLME ELEMENTARY	BALTIMORE COUNTY

PIKESVILLE MIDDLE	BALTIMORE COUNTY
OWINGS MILLS ELEMENTARY	BALTIMORE COUNTY
TIMBER GROVE ELEMENTARY	BALTIMORE COUNTY
REISTERSTOWN ELEMENTARY	BALTIMORE COUNTY
GLYNDON ELEMENTARY	BALTIMORE COUNTY
CEDARMERE ELEMENTARY	BALTIMORE COUNTY
FRANKLIN MIDDLE	BALTIMORE COUNTY
OWINGS MILLS HIGH	BALTIMORE COUNTY
NEW TOWN HIGH	BALTIMORE COUNTY
PADONIA INTERNATIONAL ELEMENTA	BALTIMORE COUNTY
WARREN ELEMENTARY	BALTIMORE COUNTY
VILLA CRESTA ELEMENTARY	BALTIMORE COUNTY
PLEASANT PLAINS ELEMENTARY	BALTIMORE COUNTY
OAKLEIGH ELEMENTARY	BALTIMORE COUNTY
HALSTEAD ACADEMY	BALTIMORE COUNTY
HARFORD HILLS ELEMENTARY	BALTIMORE COUNTY
RIDGE RUXTON SCHOOL	BALTIMORE COUNTY
WHITE OAK SCHOOL	BALTIMORE COUNTY
LOCH RAVEN TECH ACADEMY	BALTIMORE COUNTY
PINE GROVE MIDDLE	BALTIMORE COUNTY
PARKVILLE HIGH	BALTIMORE COUNTY
LOCH RAVEN HIGH	BALTIMORE COUNTY
CARNEY ELEMENTARY	BALTIMORE COUNTY
JOPPA VIEW ELEMENTARY	BALTIMORE COUNTY
DUNDALK ELEMENTARY	BALTIMORE COUNTY
BERKSHIRE ELEMENTARY	BALTIMORE COUNTY
BEAR CREEK ELEMENTARY	BALTIMORE COUNTY
NORWOOD ELEMENTARY	BALTIMORE COUNTY
GRANGE ELEMENTARY	BALTIMORE COUNTY
CHARLESMONT ELEMENTARY	BALTIMORE COUNTY
BATTLE MONUMENT SCHOOL	BALTIMORE COUNTY
SANDY PLAINS ELEMENTARY	BALTIMORE COUNTY
LOGAN ELEMENTARY	BALTIMORE COUNTY

DUNDALK MIDDLE	BALTIMORE COUNTY
HOLABIRD MIDDLE	BALTIMORE COUNTY
GENL JOHN STRICKER MIDDLE	BALTIMORE COUNTY
PATAPSCO HIGH &CTR FOR THE AR	BALTIMORE COUNTY
DUNDALK HIGH	BALTIMORE COUNTY
ARBUTUS ELEMENTARY	BALTIMORE COUNTY
BALTIMORE HIGHLANDS ELEMENTARY	BALTIMORE COUNTY
RIVERVIEW ELEMENTARY	BALTIMORE COUNTY
RELAY ELEMENTARY	BALTIMORE COUNTY
LANSDOWNE ELEMENTARY	BALTIMORE COUNTY
HALETHORPE ELEMENTARY	BALTIMORE COUNTY
LANSDOWNE MIDDLE	BALTIMORE COUNTY
ARBUTUS MIDDLE	BALTIMORE COUNTY
LANSDOWNE HIGH	BALTIMORE COUNTY
MCCORMICK ELEMENTARY	BALTIMORE COUNTY
FULLERTON ELEMENTARY	BALTIMORE COUNTY
ELMWOOD ELEMENTARY	BALTIMORE COUNTY
RED HOUSE RUN ELEMENTARY	BALTIMORE COUNTY
ROSSVILLE ELEMENTARY	BALTIMORE COUNTY
SHADY SPRING ELEMENTARY	BALTIMORE COUNTY
PARKVILLE MIDDLE	BALTIMORE COUNTY
OVERLEA HIGH	BALTIMORE COUNTY
COLGATE ELEMENTARY	BALTIMORE COUNTY
VICTORY VILLA ELEMENTARY	BALTIMORE COUNTY
MARTIN BLVD ELEMENTARY	BALTIMORE COUNTY
CHASE ELEMENTARY	BALTIMORE COUNTY
ESSEX ELEMENTARY	BALTIMORE COUNTY
MARS ESTATES ELEMENTARY	BALTIMORE COUNTY
SUSSEX ELEMENTARY	BALTIMORE COUNTY
MIDDLESEX ELEMENTARY	BALTIMORE COUNTY
HAWTHORNE ELEMENTARY	BALTIMORE COUNTY
BATTLE GROVE ELEMENTARY	BALTIMORE COUNTY
GLENMAR ELEMENTARY	BALTIMORE COUNTY

OREMS ELEMENTARY	BALTIMORE COUNTY
DEEP CREEK ELEMENTARY	BALTIMORE COUNTY
SANDALWOOD ELEMENTARY	BALTIMORE COUNTY
SENECA ELEMENTARY	BALTIMORE COUNTY
STEMMERS RUN MIDDLE	BALTIMORE COUNTY
MIDDLE RIVER MIDDLE	BALTIMORE COUNTY
DEEP CREEK MIDDLE	BALTIMORE COUNTY
KENWOOD HIGH	BALTIMORE COUNTY
CHESAPEAKE HIGH	BALTIMORE COUNTY
PATUXENT APPEAL ELEMENTARY CAMPUS	CALVERT COUNTY
CALVERT COUNTRY SCHOOL	CALVERT COUNTY
GREENSBORO ELEMENTARY	CAROLINE COUNTY
DENTON ELEMENTARY	CAROLINE COUNTY
LOCKERMAN MIDDLE	CAROLINE COUNTY
PRESTON ELEMENTARY	CAROLINE COUNTY
FEDERALSBURG ELEMENTARY	CAROLINE COUNTY
RIDGELY ELEMENTARY	CAROLINE COUNTY
NORTH CAROLINE HIGH	CAROLINE COUNTY
COL RICHARDSON HIGH	CAROLINE COUNTY
COL RICHARDSON MIDDLE	CAROLINE COUNTY
TANEYTOWN ELEMENTARY	CARROLL COUNTY
ROBERT MOTON ELEMENTARY	CARROLL COUNTY
GATEWAY SCHOOL	CARROLL COUNTY
CROSSROADS MIDDLE SCHOOL	CARROLL COUNTY
CECILTON ELEMENTARY	CECIL COUNTY
ELKTON HIGH	CECIL COUNTY
ELKTON MIDDLE	CECIL COUNTY
GILPIN MANOR ELEMENTARY	CECIL COUNTY
HOLLY HALL ELEMENTARY	CECIL COUNTY
THOMSON ESTATES ELEMENTARY	CECIL COUNTY
CECIL MANOR ELEMENTARY	CECIL COUNTY
NORTH EAST ELEMENTARY	CECIL COUNTY
BAY VIEW ELEMENTARY	CECIL COUNTY

PERRYVILLE ELEMENTARY	CECIL COUNTY
BAINBRIDGE ELEMENTARY	CECIL COUNTY
MT HOPE/NANJEMOY ELEMENTARY	CHARLES COUNTY
DR SAMUEL A MUDD ELEMENTARY	CHARLES COUNTY
THOMAS STONE HIGH SCHOOL	CHARLES COUNTY
J P RYON ELEMENTARY	CHARLES COUNTY
JOHN HANSON MIDDLE SCHOOL	CHARLES COUNTY
DR GUSTAVUS BROWN ELEMENTARY	CHARLES COUNTY
BENJAMIN STODDERT MIDDLE	CHARLES COUNTY
EVA TURNER ELEMENTARY	CHARLES COUNTY
JENIFER ELEMENTARY SCHOOL	CHARLES COUNTY
WILLIAM B WADE ELEMENTARY	CHARLES COUNTY
C PAUL BARNHART ELEMENTARY	CHARLES COUNTY
J C PARKS ELEMENTARY	CHARLES COUNTY
GLYMONT MIDDLE SCHOOL	CHARLES COUNTY
INDIAN HEAD ELEMENTARY	CHARLES COUNTY
WARWICK ELEMENTARY	DORCHESTER COUNTY
NORTH DORCHESTER HIGH	DORCHESTER COUNTY
NORTH DORCHESTER MIDDLE	DORCHESTER COUNTY
VIENNA ELEMENTARY	DORCHESTER COUNTY
MACES LANE MIDDLE	DORCHESTER COUNTY
SANDY HILL ELEMENTARY	DORCHESTER COUNTY
MAPLE ELEMENTARY	DORCHESTER COUNTY
CAMBRIDGE-SOUTH DORCHESTER HI	DORCHESTER COUNTY
CHOPTANK ELEMENTARY	DORCHESTER COUNTY
HURLOCK ELEMENTARY	DORCHESTER COUNTY
LINCOLN ELEMENTARY	FREDERICK COUNTY
HEATHER RIDGE HIGH SCHOOL	FREDERICK COUNTY
WEST FREDERICK MIDDLE	FREDERICK COUNTY
MONOCACY MIDDLE	FREDERICK COUNTY
MONOCACY ELEMENTARY	FREDERICK COUNTY
CRESTWOOD MIDDLE SCHOOL	FREDERICK COUNTY
LEWISTOWN ELEMENTARY	FREDERICK COUNTY

HILLCREST ELEMENTARY	FREDERICK COUNTY
BUTTERFLY RIDGE ELEMENTARY	FREDERICK COUNTY
WAVERLEY ELEMENTARY	FREDERICK COUNTY
FRIENDSVILLE ELEMENTARY	GARRETT COUNTY
GRANTSVILLE ELEMENTARY	GARRETT COUNTY
CRELLIN ELEMENTARY	GARRETT COUNTY
BROAD FORD ELEMENTARY	GARRETT COUNTY
YOUGH GLADES ELEMENTARY	GARRETT COUNTY
EDGEWOOD ELEMENTARY	HARFORD COUNTY
DEERFIELD ELEMENTARY	HARFORD COUNTY
CHURCH CREEK ELEMENTARY	HARFORD COUNTY
MAGNOLIA ELEMENTARY	HARFORD COUNTY
JOPPATOWNE ELEMENTARY	HARFORD COUNTY
OLD POST ROAD ELEMENTARY	HARFORD COUNTY
RIVERSIDE ELEMENTARY	HARFORD COUNTY
EDGEWOOD HIGH	HARFORD COUNTY
EDGEWOOD MIDDLE	HARFORD COUNTY
JOPPATOWNE HIGH	HARFORD COUNTY
MAGNOLIA MIDDLE	HARFORD COUNTY
G D LISBY ELEMENTARY HILLSDALE	HARFORD COUNTY
BAKERFIELD ELEMENTARY	HARFORD COUNTY
HALLS CROSS ROADS ELEMENTARY	HARFORD COUNTY
ABERDEEN MIDDLE	HARFORD COUNTY
HARFORD ACADEMY AT CAMPUS HILLS	HARFORD COUNTY
HAVRE DE GRACE ELEMENTARY	HARFORD COUNTY
HOMEWOOD SCHOOL	HOWARD COUNTY
DEEP RUN ELEMENTARY	HOWARD COUNTY
DUCKETTS LANE ELEMENTARY	HOWARD COUNTY
BRYANT WOODS ELEMENTARY	HOWARD COUNTY
RUNNING BROOK ELEMENTARY	HOWARD COUNTY
HARPERS CHOICE MIDDLE	HOWARD COUNTY
GUILFORD ELEMENTARY	HOWARD COUNTY
STEVENS FOREST ELEMENTARY	HOWARD COUNTY

CRADLEROCK ELEMENTARY	HOWARD COUNTY
LAKE ELKHORN MIDDLE	HOWARD COUNTY
LAUREL WOODS ELEMENTARY	HOWARD COUNTY
BOLLMAN BRIDGE ELEMENTARY	HOWARD COUNTY
GALENA ELEMENTARY SCHOOL	KENT COUNTY
KENT COUNTY HIGH	KENT COUNTY
KENT COUNTY MIDDLE SCHOOL	KENT COUNTY
H H GARNETT ELEMENTARY	KENT COUNTY
ROCK HALL ELEMENTARY	KENT COUNTY
CLOPPER MILL ELEMENTARY	MONTGOMERY COUNTY
FOX CHAPEL ELEMENTARY	MONTGOMERY COUNTY
MARTIN LUTHER KING JR MIDDLE	MONTGOMERY COUNTY
LAKE SENECA ELEMENTARY	MONTGOMERY COUNTY
WATERS LANDING ELEMENTARY	MONTGOMERY COUNTY
S CHRISTA MCAULIFFE ELEMENTARY	MONTGOMERY COUNTY
CAPT JAMES E DALY ELEMENTARY	MONTGOMERY COUNTY
NEELSVILLE MIDDLE	MONTGOMERY COUNTY
TWINBROOK ELEMENTARY	MONTGOMERY COUNTY
MEADOW HALL ELEMENTARY	MONTGOMERY COUNTY
CARL SANDBURG LEARNING CENTER	MONTGOMERY COUNTY
DR SALLY K RIDE ELEMENTARY	MONTGOMERY COUNTY
FOREST OAK MIDDLE	MONTGOMERY COUNTY
BURTONSVILLE ELEMENTARY	MONTGOMERY COUNTY
FAIRLAND ELEMENTARY	MONTGOMERY COUNTY
JOANN LELECK ELEMENTARY AT BROAD ACRES	MONTGOMERY COUNTY
JACKSON ROAD ELEMENTARY	MONTGOMERY COUNTY
ROSCOE E NIX ELEMENTARY	MONTGOMERY COUNTY
BURNT MILLS ELEMENTARY	MONTGOMERY COUNTY
CANNON ROAD ELEMENTARY	MONTGOMERY COUNTY
FRANCIS SCOTT KEY MIDDLE	MONTGOMERY COUNTY
GALWAY ELEMENTARY	MONTGOMERY COUNTY
PAINT BRANCH HIGH	MONTGOMERY COUNTY
BENJAMIN BANNEKER MIDDLE	MONTGOMERY COUNTY

GREENCASTLE ELEMENTARY	MONTGOMERY COUNTY
BRIGGS CHANEY MIDDLE	MONTGOMERY COUNTY
JUDITH A RESNIK ELEMENTARY	MONTGOMERY COUNTY
WATKINS MILL HIGH	MONTGOMERY COUNTY
GOSHEN ELEMENTARY	MONTGOMERY COUNTY
FLOWER HILL ELEMENTARY	MONTGOMERY COUNTY
GAITHERSBURG HIGH	MONTGOMERY COUNTY
WASHINGTON GROVE ELEMENTARY	MONTGOMERY COUNTY
GAITHERSBURG ELEMENTARY	MONTGOMERY COUNTY
GAITHERSBURG MIDDLE	MONTGOMERY COUNTY
ROSEMONT ELEMENTARY	MONTGOMERY COUNTY
MONTGOMERY VILLAGE MIDDLE	MONTGOMERY COUNTY
WHETSTONE ELEMENTARY	MONTGOMERY COUNTY
BROWN STATION ELEMENTARY	MONTGOMERY COUNTY
WATKINS MILL ELEMENTARY	MONTGOMERY COUNTY
SUMMIT HALL ELEMENTARY	MONTGOMERY COUNTY
SOUTH LAKE ELEMENTARY	MONTGOMERY COUNTY
STEDWICK ELEMENTARY	MONTGOMERY COUNTY
STRAWBERRY KNOLL ELEMENTARY	MONTGOMERY COUNTY
HARRIET R TUBMAN ELEMENTARY	MONTGOMERY COUNTY
DR CHARLES R DREW ELEMENTARY	MONTGOMERY COUNTY
EAST SILVER SPRING ELEMENTARY	MONTGOMERY COUNTY
OAK VIEW ELEMENTARY	MONTGOMERY COUNTY
GLEN HAVEN ELEMENTARY	MONTGOMERY COUNTY
ROLLING TERRACE ELEMENTARY	MONTGOMERY COUNTY
VIERS MILL ELEMENTARY	MONTGOMERY COUNTY
HIGHLAND ELEMENTARY	MONTGOMERY COUNTY
EASTERN MIDDLE	MONTGOMERY COUNTY
MONTGOMERY KNOLLS ELEMENTARY	MONTGOMERY COUNTY
WELLER ROAD ELEMENTARY	MONTGOMERY COUNTY
R SARGENT SHRIVER ELEMENTARY	MONTGOMERY COUNTY
BEL PRE ELEMENTARY	MONTGOMERY COUNTY
WHEATON HIGH	MONTGOMERY COUNTY

GEORGIAN FOREST ELEMENTARY	MONTGOMERY COUNTY
A MARIO LOIEDERMAN MIDDLE	MONTGOMERY COUNTY
WHEATON WOODS ELEMENTARY	MONTGOMERY COUNTY
ARCOLA ELEMENTARY	MONTGOMERY COUNTY
NEW HAMPSHIRE ESTATES ELEM	MONTGOMERY COUNTY
NEWPORT MILL MIDDLE	MONTGOMERY COUNTY
NORTHWOOD HIGH	MONTGOMERY COUNTY
HARMONY HILLS ELEMENTARY	MONTGOMERY COUNTY
SPRINGBROOK HIGH	MONTGOMERY COUNTY
KEMP MILL ELEMENTARY	MONTGOMERY COUNTY
BROOKHAVEN ELEMENTARY	MONTGOMERY COUNTY
CRESTHAVEN ELEMENTARY	MONTGOMERY COUNTY
WHITE OAK MIDDLE	MONTGOMERY COUNTY
PARKLAND MIDDLE	MONTGOMERY COUNTY
JOHN F KENNEDY HIGH	MONTGOMERY COUNTY
GLENALLAN ELEMENTARY	MONTGOMERY COUNTY
ODESSA SHANNON MIDDLE	MONTGOMERY COUNTY
STRATHMORE ELEMENTARY	MONTGOMERY COUNTY
ARGYLE MIDDLE	MONTGOMERY COUNTY
ROCK TERRACE HIGH	MONTGOMERY COUNTY
HIGH POINT HIGH	PRINCE GEORGE'S COUNTY
BELTSVILLE ELEMENTARY	PRINCE GEORGE'S COUNTY
CALVERTON ELEMENTARY	PRINCE GEORGE'S COUNTY
JAMES E DUCKWORTH REGIONAL	PRINCE GEORGE'S COUNTY
JAMES H HARRISON ELEMENTARY	PRINCE GEORGE'S COUNTY
MARTIN LUTHER KING JR MIDDLE S	PRINCE GEORGE'S COUNTY
VANSVILLE ELEMENTARY	PRINCE GEORGE'S COUNTY
BLADENSBURG ELEMENTARY	PRINCE GEORGE'S COUNTY
BLADENSBURG HIGH	PRINCE GEORGE'S COUNTY
ROGER HEIGHTS ELEMENTARY	PRINCE GEORGE'S COUNTY
GLADYS N SPELLMAN ELEMENTARY	PRINCE GEORGE'S COUNTY
COOPER LANE ELEMENTARY	PRINCE GEORGE'S COUNTY
TEMPLETON ELEMENTARY	PRINCE GEORGE'S COUNTY

PORT TOWNS ELEMENTARY	PRINCE GEORGE'S COUNTY
PATUXENT ELEMENTARY	PRINCE GEORGE'S COUNTY
FT WASHINGTON FOREST ELEM	PRINCE GEORGE'S COUNTY
FRIENDLY HIGH	PRINCE GEORGE'S COUNTY
SUITLAND HIGH	PRINCE GEORGE'S COUNTY
BRADBURY HEIGHTS ELEMENTARY	PRINCE GEORGE'S COUNTY
HILLCREST HEIGHTS ELEMENTARY	PRINCE GEORGE'S COUNTY
NORTH FORESTVILLE ELEMENTARY	PRINCE GEORGE'S COUNTY
DISTRICT HEIGHTS ELEMENTARY	PRINCE GEORGE'S COUNTY
BENJAMIN STODDERT MIDDLE	PRINCE GEORGE'S COUNTY
FRANCES SCOTT KEY ELEM	PRINCE GEORGE'S COUNTY
LONGFIELDS ELEMENTARY	PRINCE GEORGE'S COUNTY
PRINCETON ELEMENTARY	PRINCE GEORGE'S COUNTY
THURGOOD MARSHALL MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
ALLENWOOD ELEMENTARY	PRINCE GEORGE'S COUNTY
WILLIAM BEANES ELEMENTARY	PRINCE GEORGE'S COUNTY
ARROWHEAD ELEMENTARY	PRINCE GEORGE'S COUNTY
ANDREW JACKSON ACADEMY	PRINCE GEORGE'S COUNTY
SAMUEL P. MASSIE ACADEMY	PRINCE GEORGE'S COUNTY
PANORAMA ELEMENTARY	PRINCE GEORGE'S COUNTY
DREW FREEMAN MIDDLE	PRINCE GEORGE'S COUNTY
SUITLAND ELEMENTARY	PRINCE GEORGE'S COUNTY
LINCOLN CHARTER SCHOOL	PRINCE GEORGE'S COUNTY
WOODMORE ELEMENTARY	PRINCE GEORGE'S COUNTY
NORTHVIEW ELEMENTARY	PRINCE GEORGE'S COUNTY
C ELIZABETH RIEG REGIONAL	PRINCE GEORGE'S COUNTY
KINGSFORD ELEMENTARY	PRINCE GEORGE'S COUNTY
BADEN ELEMENTARY	PRINCE GEORGE'S COUNTY
TAYAC ELEMENTARY	PRINCE GEORGE'S COUNTY
CLINTON GROVE ELEMENTARY	PRINCE GEORGE'S COUNTY
SURRATTSVILLE HIGH	PRINCE GEORGE'S COUNTY
JAMES RYDER RANDALL ELEMENTARY	PRINCE GEORGE'S COUNTY
WALDON WOODS ELEMENTARY	PRINCE GEORGE'S COUNTY

STEPHEN DECATUR MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
FRANCIS T EVANS ELEMENTARY	PRINCE GEORGE'S COUNTY
LAUREL ELEMENTARY	PRINCE GEORGE'S COUNTY
LAUREL HIGH	PRINCE GEORGE'S COUNTY
OAKLANDS ELEMENTARY	PRINCE GEORGE'S COUNTY
DWIGHT D EISENHOWER MIDDLE	PRINCE GEORGE'S COUNTY
SCOTCH TOWN HILLS ELEMENTARY	PRINCE GEORGE'S COUNTY
ROSARYVILLE ELEMENTARY	PRINCE GEORGE'S COUNTY
OXON HILL ELEMENTARY	PRINCE GEORGE'S COUNTY
FOREST HEIGHTS ELEMENTARY	PRINCE GEORGE'S COUNTY
FLINTSTONE ELEMENTARY	PRINCE GEORGE'S COUNTY
FORT FOOTE ELEMENTARY	PRINCE GEORGE'S COUNTY
GLASSMANOR ELEMENTARY	PRINCE GEORGE'S COUNTY
SAMUEL CHASE ELEMENTARY	PRINCE GEORGE'S COUNTY
CROSSLAND HIGH	PRINCE GEORGE'S COUNTY
VALLEY VIEW ELEMENTARY	PRINCE GEORGE'S COUNTY
BARNABY MANOR ELEMENTARY	PRINCE GEORGE'S COUNTY
POTOMAC HIGH	PRINCE GEORGE'S COUNTY
AVALON ELEMENTARY	PRINCE GEORGE'S COUNTY
APPLE GROVE ELEMENTARY	PRINCE GEORGE'S COUNTY
J FRANK DENT ELEMENTARY	PRINCE GEORGE'S COUNTY
INDIAN QUEEN ELEMENTARY	PRINCE GEORGE'S COUNTY
OXON HILL MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
COLUMBIA PARK ELEMENTARY	PRINCE GEORGE'S COUNTY
HIGHLAND PARK ELEMENTARY	PRINCE GEORGE'S COUNTY
WILLIAM PACA ELEMENTARY	PRINCE GEORGE'S COUNTY
DODGE PARK ELEMENTARY	PRINCE GEORGE'S COUNTY
LARGO HIGH SCHOOL	PRINCE GEORGE'S COUNTY
G JAMES GHOULSON MIDDLE	PRINCE GEORGE'S COUNTY
KETTERING ELEMENTARY	PRINCE GEORGE'S COUNTY
KETTERING MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
CHARLES HERBERT FLOWERS HIGH	PRINCE GEORGE'S COUNTY
KENMOOR MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY

JUDGE SYLVANIA WOODS ELEMENTAR	PRINCE GEORGE'S COUNTY
LAKE ARBOR ELEMENTARY	PRINCE GEORGE'S COUNTY
CORA L RICE ELEMENTARY	PRINCE GEORGE'S COUNTY
ERNEST EVERETT JUST MIDDLE	PRINCE GEORGE'S COUNTY
INTERNATIONAL HIGH SCHOOL @ LARGO	PRINCE GEORGE'S COUNTY
GLENN DALE ELEMENTARY	PRINCE GEORGE'S COUNTY
DUVAL HIGH	PRINCE GEORGE'S COUNTY
GAYWOOD ELEMENTARY	PRINCE GEORGE'S COUNTY
HIGH BRIDGE ELEMENTARY	PRINCE GEORGE'S COUNTY
CATHERINE T REED ELEMENTARY	PRINCE GEORGE'S COUNTY
MONTPELIER ELEMENTARY	PRINCE GEORGE'S COUNTY
ROCKLEDGE ELEMENTARY	PRINCE GEORGE'S COUNTY
DEERFIELD RUN ELEMENTARY	PRINCE GEORGE'S COUNTY
MELWOOD ELEMENTARY	PRINCE GEORGE'S COUNTY
MARLTON ELEMENTARY	PRINCE GEORGE'S COUNTY
IMAGINE FOUNDATIONS AT MORNINGSIDE PUBLIC CHARTER	PRINCE GEORGE'S COUNTY
HYATTSVILLE ELEMENTARY	PRINCE GEORGE'S COUNTY
HYATTSVILLE MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
EDWARD M. FELEGY ELEMENTARY	PRINCE GEORGE'S COUNTY
MT RAINIER ELEMENTARY	PRINCE GEORGE'S COUNTY
THOMAS S STONE ELEMENTARY	PRINCE GEORGE'S COUNTY
NORTHWESTERN HIGH	PRINCE GEORGE'S COUNTY
CHILLUM ELEMENTARY	PRINCE GEORGE'S COUNTY
RIDGECREST ELEMENTARY	PRINCE GEORGE'S COUNTY
CAROLE HIGHLANDS ELEMENTARY	PRINCE GEORGE'S COUNTY
LEWISDALE ELEMENTARY	PRINCE GEORGE'S COUNTY
CESAR CHAVEZ ELEMENTARY	PRINCE GEORGE'S COUNTY
ADELPHI ELEMENTARY	PRINCE GEORGE'S COUNTY
NICHOLAS OREM MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
LANGLEY PK/MCCORMICK ELEM	PRINCE GEORGE'S COUNTY
COOL SPRING ELEMENTARY	PRINCE GEORGE'S COUNTY
MARY HARRIS "MOTHER" JONES ELEMENTARY	PRINCE GEORGE'S COUNTY
ROSA L PARKS ELEMENTARY	PRINCE GEORGE'S COUNTY

INTERNATIONAL HIGH SCHOOL @ LANGLEY PARK	PRINCE GEORGE'S COUNTY
SONIA SOTOMAYOR MIDDLE AT ADELPHI	PRINCE GEORGE'S COUNTY
SEAT PLEASANT ELEMENTARY	PRINCE GEORGE'S COUNTY
FAIRMONT HEIGHTS HIGH	PRINCE GEORGE'S COUNTY
DOSWELL E BROOKS ELEMENTARY	PRINCE GEORGE'S COUNTY
CENTRAL HIGH	PRINCE GEORGE'S COUNTY
CARMODY HILLS ELEMENTARY	PRINCE GEORGE'S COUNTY
JOHN H BAYNE ELEMENTARY	PRINCE GEORGE'S COUNTY
WALKER MILL MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
ROBERT R GRAY ELEMENTARY	PRINCE GEORGE'S COUNTY
WILLIAM W HALL ACADEMY	PRINCE GEORGE'S COUNTY
RIVERDALE ELEMENTARY	PRINCE GEORGE'S COUNTY
UNIVERSITY PARK ELEMENTARY	PRINCE GEORGE'S COUNTY
BEACON HEIGHTS ELEMENTARY	PRINCE GEORGE'S COUNTY
WILLIAM WIRT MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
PARKDALE HIGH	PRINCE GEORGE'S COUNTY
SEABROOK ELEMENTARY	PRINCE GEORGE'S COUNTY
CARROLLTON ELEMENTARY	PRINCE GEORGE'S COUNTY
GLENRIDGE ELEMENTARY	PRINCE GEORGE'S COUNTY
WOODRIDGE ELEMENTARY	PRINCE GEORGE'S COUNTY
ARDMORE ELEMENTARY	PRINCE GEORGE'S COUNTY
THOMAS JOHNSON MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
CHARLES CARROLL MIDDLE	PRINCE GEORGE'S COUNTY
JAMES MCHENRY ELEMENTARY	PRINCE GEORGE'S COUNTY
LAMONT ELEMENTARY	PRINCE GEORGE'S COUNTY
ROBERT FROST ELEMENTARY	PRINCE GEORGE'S COUNTY
GREENBELT ELEMENTARY	PRINCE GEORGE'S COUNTY
HOLLYWOOD ELEMENTARY	PRINCE GEORGE'S COUNTY
BUCK LODGE MIDDLE	PRINCE GEORGE'S COUNTY
BERWYN HEIGHTS ELEMENTARY	PRINCE GEORGE'S COUNTY
SPRINGHILL LAKE ELEMENTARY	PRINCE GEORGE'S COUNTY
CHEROKEE LANE ELEMENTARY	PRINCE GEORGE'S COUNTY
MAGNOLIA ELEMENTARY	PRINCE GEORGE'S COUNTY

PAINT BRANCH ELEMENTARY	PRINCE GEORGE'S COUNTY
GREENBELT MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
SUDLERSVILLE MIDDLE	QUEEN ANNE'S COUNTY
SUDLERSVILLE ELEMENTARY	QUEEN ANNE'S COUNTY
SPRING RIDGE MIDDLE	ST. MARY'S COUNTY
GREEN HOLLY SCHOOL	ST. MARY'S COUNTY
LEXINGTON PARK ELEMENTARY	ST. MARY'S COUNTY
GEORGE WASHINGTON CARVER ELEMENTARY SCHOOL	ST. MARY'S COUNTY
PARK HALL ELEMENTARY	ST. MARY'S COUNTY
WASHINGTON HIGH	SOMERSET COUNTY
GREENWOOD ELEMENTARY	SOMERSET COUNTY
PRINCESS ANNE ELEMENTARY	SOMERSET COUNTY
CRISFIELD HIGH	SOMERSET COUNTY
CARTER G WOODSON ELEMENTARY	SOMERSET COUNTY
INTERMEDIATE SCHOOL	SOMERSET COUNTY
DEAL ISLAND SCHOOL	SOMERSET COUNTY
EASTON HIGH	TALBOT COUNTY
EASTON ELEMENTARY	TALBOT COUNTY
EASTON MIDDLE	TALBOT COUNTY
WHITE MARSH ELEMENTARY	TALBOT COUNTY
TILGHMAN ELEMENTARY	TALBOT COUNTY
JONATHAN HAGER ELEMENTARY	WASHINGTON COUNTY
SPRINGFIELD MIDDLE	WASHINGTON COUNTY
WILLIAMSPORT ELEMENTARY	WASHINGTON COUNTY
WILLIAMSPORT HIGH	WASHINGTON COUNTY
SOUTH HAGERSTOWN HIGH	WASHINGTON COUNTY
EMMA K DOUB ELEMENTARY	WASHINGTON COUNTY
E RUSSELL HICKS MIDDLE	WASHINGTON COUNTY
RUTH ANN MONROE PRIMARY	WASHINGTON COUNTY
HANCOCK MIDDLE SENIOR HIGH	WASHINGTON COUNTY
HANCOCK ELEMENTARY	WASHINGTON COUNTY
WASHINGTON CO JOB DEVELOPMENT CENTER	WASHINGTON COUNTY
EASTERN ELEMENTARY	WASHINGTON COUNTY

MAUGANSVILLE ELEMENTARY	WASHINGTON COUNTY
CASCADE ELEMENTARY	WASHINGTON COUNTY
BESTER ELEMENTARY	WASHINGTON COUNTY
PANGBORN ELEMENTARY	WASHINGTON COUNTY
POTOMAC HEIGHTS ELEMENTARY	WASHINGTON COUNTY
NORTH HAGERSTOWN HIGH	WASHINGTON COUNTY
NORTHERN MIDDLE	WASHINGTON COUNTY
WESTERN HEIGHTS MIDDLE	WASHINGTON COUNTY
SALEM AVENUE ELEMENTARY	WASHINGTON COUNTY
MARSHALL STREET EDUCATION CENTER	WASHINGTON COUNTY
LINCOLNSHIRE ELEMENTARY	WASHINGTON COUNTY
HICKORY ELEMENTARY	WASHINGTON COUNTY
PITTSVILLE ELEMENTARY MIDDLE SCHOOL	WICOMICO COUNTY
WICOMICO MIDDLE	WICOMICO COUNTY
EAST SALISBURY ELEMENTARY	WICOMICO COUNTY
WICOMICO HIGH	WICOMICO COUNTY
BEAVER RUN ELEMENTARY SCHOOL	WICOMICO COUNTY
GLEN AVENUE ELEMENTARY	WICOMICO COUNTY
NORTH SALISBURY ELEMENTARY	WICOMICO COUNTY
PEMBERTON ELEMENTARY	WICOMICO COUNTY
CHARLES H CHIPMAN ELEMENTARY	WICOMICO COUNTY
WEST SALISBURY ELEMENTARY SCHOOL	WICOMICO COUNTY
SALISBURY MIDDLE SCHOOL	WICOMICO COUNTY
PINEHURST ELEMENTARY	WICOMICO COUNTY
PRINCE STREET ELEMENTARY	WICOMICO COUNTY
BENNETT MIDDLE	WICOMICO COUNTY
FRUITLAND PRIMARY	WICOMICO COUNTY
FRUITLAND INTERMEDIATE	WICOMICO COUNTY
POCOMOKE ELEMENTARY	WORCESTER COUNTY
POCOMOKE HIGH	WORCESTER COUNTY
POCOMOKE MIDDLE	WORCESTER COUNTY
SNOW HILL ELEMENTARY	WORCESTER COUNTY
SNOW HILL MIDDLE	WORCESTER COUNTY

CEDAR CHAPEL SPECIAL	WORCESTER COUNTY
BUCKINGHAM ELEMENTARY	WORCESTER COUNTY
CECIL ELEMENTARY	BALTIMORE CITY
CITY SPRINGS ELEMENTARY/MIDDLE	BALTIMORE CITY
JAMES MCHENRY ELEMENTARY/MIDDLE	BALTIMORE CITY
LAKELAND ELEMENTARY/MIDDLE	BALTIMORE CITY
TENCH TILGHMAN ELEMENTARY/MIDDLE	BALTIMORE CITY
STADIUM SCHOOL	BALTIMORE CITY
JOHNSTON SQUARE ELEMENTARY	BALTIMORE CITY
HILTON ELEMENTARY	BALTIMORE CITY
GEORGE WASHINGTON ELEMENTARY	BALTIMORE CITY
WOLFE STREET ACADEMY	BALTIMORE CITY
COMMODORE JOHN ROGERS ELEMENTARY/MIDDLE	BALTIMORE CITY
SANDTOWN-WINCHESTER ACHIEVEMENT ACADEMY	BALTIMORE CITY
MATTHEW A HENSON ELEMENTARY	BALTIMORE CITY
CHARLES CARROLL BARRISTER ELEMENTARY	BALTIMORE CITY
HARLEM PARK ELEMENTARY/MIDDLE	BALTIMORE CITY
HARFORD HEIGHTS ELEMENTARY	BALTIMORE CITY
DALLAS F NICHOLAS SR ELEM	BALTIMORE CITY
MONTEBELLO ELEMENTARY/MIDDLE	BALTIMORE CITY
FEDERAL HILL PREPARATORY ACADEMY	BALTIMORE CITY
HAMPSTEAD HILL ACADEMY	BALTIMORE CITY
ABBOTTSTON ELEMENTARY	BALTIMORE CITY
WAVERLY ELEMENTARY/MIDDLE	BALTIMORE CITY
MARGARET BRENT ELEMENTARY/MIDDLE	BALTIMORE CITY
BARCLAY ELEMENTARY/MIDDLE	BALTIMORE CITY
HAMPDEN ELEMENTARY/MIDDLE	BALTIMORE CITY
DR NATHAN A PITTS-ASHBURTON ELEMENTARY/MIDDLE	BALTIMORE CITY
GWYNNS FALLS ELEMENTARY	BALTIMORE CITY
DOROTHY I. HEIGHT ELEMENTARY SCHOOL	BALTIMORE CITY
PARK HEIGHTS ACADEMY	BALTIMORE CITY
ROSEMONT ELEMENTARY/MIDDLE	BALTIMORE CITY
LIBERTY ELEMENTARY	BALTIMORE CITY

MOUNT ROYAL ELEMENTARY/MIDDLE	BALTIMORE CITY
KATHERINE JOHNSON GLOBAL ACADEMY/CALVERTON ELEMENTARY/MID	BALTIMORE CITY
FRANCIS SCOTT KEY ELEMENTARY/MIDDLE	BALTIMORE CITY
NORTH BEND ELEMENTARY/MIDDLE	BALTIMORE CITY
WILLIAM PACA ELEMENTARY	BALTIMORE CITY
THOMAS JOHNSON ELEMENTARY/MIDDLE	BALTIMORE CITY
FORT WORTHINGTON ELEMENTARY/MIDDLE	BALTIMORE CITY
LAKEWOOD ELEMENTARY	BALTIMORE CITY
WINDSOR HILLS ELEMENTARY/MIDDLE	BALTIMORE CITY
WILDWOOD ELEMENTARY MIDDLE SCHOOL	BALTIMORE CITY
FRANKLIN SQUARE ELEMENTARY/MIDDLE	BALTIMORE CITY
COLLINGTON SQUARE ELEMENTARY/MIDDLE	BALTIMORE CITY
MORAVIA PARK PRIMARY	BALTIMORE CITY
THE HISTORIC SAMUEL COLERIDGE-TAYLOR ELEMENTARY	BALTIMORE CITY
BAY-BROOK ELEMENTARY/MIDDLE	BALTIMORE CITY
FURMAN L TEMPLETON ELEMENTARY	BALTIMORE CITY
BOOKER T WASHINGTON MIDDLE	BALTIMORE CITY
WALTER P CARTER ELEMENTARY/MIDDLE	BALTIMORE CITY
ROBERT W COLEMAN ELEMENTARY	BALTIMORE CITY
BILLIE HOLIDAY ELEMENTARY SCHOOL (FORMERLY JAMES MOSHER ES)	BALTIMORE CITY
MARY ANN WINTERLING ELEMENTARY @ BENTALOU	BALTIMORE CITY
CHERRY HILL ELEMENTARY/MIDDLE	BALTIMORE CITY
ARUNDEL ELEMENTARY/MIDDLE	BALTIMORE CITY
EXCEL ACADEMY @ FRANCIS M WOOD HIGH	BALTIMORE CITY
DICKEY HILL ELEMENTARY/MIDDLE	BALTIMORE CITY
MAREE G. FARRING ELEMENTARY/MIDDLE	BALTIMORE CITY
MARY E RODMAN ELEMENTARY	BALTIMORE CITY
WOODHOME ELEMENTARY/MIDDLE	BALTIMORE CITY
FURLEY ELEMENTARY	BALTIMORE CITY
CURTIS BAY ELEMENTARY/MIDDLE	BALTIMORE CITY
HAZELWOOD ELEMENTARY/MIDDLE	BALTIMORE CITY
GARDENVILLE ELEMENTARY	BALTIMORE CITY
GARRETT HEIGHTS ELEMENTARY/MIDDLE	BALTIMORE CITY

GOVANS ELEMENTARY	BALTIMORE CITY
HIGHLANDTOWN ELEMENTARY/MIDDLE #215	BALTIMORE CITY
BELMONT ELEMENTARY	BALTIMORE CITY
YORKWOOD ELEMENTARY	BALTIMORE CITY
MORRELL PARK ELEMENTARY/MIDDLE	BALTIMORE CITY
THE MOUNT WASHINGTON SCHOOL	BALTIMORE CITY
PIMLICO ELEMENTARY/MIDDLE	BALTIMORE CITY
WESTPORT ACADEMY	BALTIMORE CITY
VIOLETVILLE ELEMENTARY/MIDDLE	BALTIMORE CITY
JOHN RUHRAH ELEMENTARY/MIDDLE	BALTIMORE CITY
HOLABIRD ELEMENTARY/MIDDLE	BALTIMORE CITY
BELAIR-EDISON SCHOOL, THE	BALTIMORE CITY
THOMAS JEFFERSON ELEMENTARY/MIDDLE	BALTIMORE CITY
ROLAND PARK ELEMENTARY/MIDDLE	BALTIMORE CITY
ARLINGTON ELEMENTARY/MIDDLE	BALTIMORE CITY
GLENMOUNT ELEMENTARY/MIDDLE	BALTIMORE CITY
HAMILTON ELEMENTARY/MIDDLE	BALTIMORE CITY
HIGHLANDTOWN ELEMENTARY/MIDDLE #237	BALTIMORE CITY
BENJAMIN FRANKLIN HIGH AT MASONVILLE COVE	BALTIMORE CITY
GRACELAND PARK/ODONNELL HEIGHTS ELEMENTARY/MIDDLE	BALTIMORE CITY
FALLSTAFF ELEMENTARY/MIDDLE	BALTIMORE CITY
NORTHWOOD ELEMENTARY	BALTIMORE CITY
ARMISTEAD GARDENS ELEMENTARY/MIDDLE	BALTIMORE CITY
LEITH WALK ELEMENTARY/MIDDLE	BALTIMORE CITY
BEECHFIELD ELEMENTARY/MIDDLE	BALTIMORE CITY
CROSS COUNTRY ELEMENTARY	BALTIMORE CITY
SINCLAIR LANE ELEMENTARY	BALTIMORE CITY
MEDFIELD HEIGHTS ELEMENTARY	BALTIMORE CITY
DR BERNARD HARRIS ELEMENTARY	BALTIMORE CITY
CALLAWAY ELEMENTARY	BALTIMORE CITY
CALVIN M RODWELL ELEMENTARY	BALTIMORE CITY
FREDERICK ELEMENTARY	BALTIMORE CITY
EMPOWERMENT ACADEMY	BALTIMORE CITY

WILLIAM S BAER SCHOOL	BALTIMORE CITY
CLAREMONT SCHOOL	BALTIMORE CITY
LOIS T MURRAY ELEMENTARY/MIDDLE	BALTIMORE CITY
SHARP-LEADENHALL ELEMENTARY	BALTIMORE CITY
MIDTOWN ACADEMY	BALTIMORE CITY
NEW SONG ACADEMY	BALTIMORE CITY
THE CROSSROADS SCHOOL	BALTIMORE CITY
CONNEXIONS: A COMMUNITY BASED ARTS SCHOOL	BALTIMORE CITY
CITY NEIGHBORS CHARTER ELEMENTARY/MIDDLE	BALTIMORE CITY
PATTERSON PARK PUBLIC CHARTER	BALTIMORE CITY
SOUTHWEST BALTIMORE CHARTER	BALTIMORE CITY
THE GREEN SCHOOL OF BALTIMORE	BALTIMORE CITY
BALTIMORE INTERNATIONAL ACADEMY	BALTIMORE CITY
BALTIMORE MONTESSORI PUBLIC CHARTER SCHOOL	BALTIMORE CITY
THE REACH! PARTNERSHIP SCHOOL	BALTIMORE CITY
JOSEPH C. BRISCOE ACADEMY	BALTIMORE CITY
CITY NEIGHBORS HAMILTON	BALTIMORE CITY
KIPP ACADEMY	BALTIMORE CITY
BALTIMORE LEADERSHIP SCHOOL FOR YOUNG WOMEN	BALTIMORE CITY
BARD HIGH SCHOOL EARLY COLLEGE BALTIMORE	BALTIMORE CITY
ELMER A. HENDERSON: A JOHNS HOPKINS PARTNERSHIP SC	BALTIMORE CITY
LILLIE MAY CARROLL JACKSON SCHOOL	BALTIMORE CITY
TUNBRIDGE PUBLIC CHARTER ELEMENTARY	BALTIMORE CITY
VANGUARD COLLEGIATE MIDDLE	BALTIMORE CITY
BALTIMORE COLLEGIATE SCHOOL FOR BOYS	BALTIMORE CITY
CITY NEIGHBORS HIGH	BALTIMORE CITY
GREEN STREET ACADEMY	BALTIMORE CITY
BALTIMORE DESIGN SCHOOL	BALTIMORE CITY
CREATIVE CITY PUBLIC CHARTER SCHOOL	BALTIMORE CITY
BALTIMORE INTERNATIONAL ACADEMY WEST	BALTIMORE CITY
CLAY HILL PUBLIC CHARTER SCHOOL	BALTIMORE CITY
EDMONDSON-WESTSIDE HIGH	BALTIMORE CITY
BALTIMORE POLYTECHNIC INSTITUTE	BALTIMORE CITY

PATTERSON HIGH	BALTIMORE CITY
FOREST PARK HIGH	BALTIMORE CITY
WESTERN HIGH	BALTIMORE CITY
MERGENTHALER VOC TECH HIGH	BALTIMORE CITY
ACHIEVEMENT ACADEMY @ HARBOR CITY HIGH SCHOOL	BALTIMORE CITY
PAUL LAURENCE DUNBAR HIGH	BALTIMORE CITY
BALTIMORE SCHOOL FOR THE ARTS	BALTIMORE CITY
DIGITAL HARBOR HIGH	BALTIMORE CITY
REGINALD F LEWIS HIGH SCHOOL	BALTIMORE CITY
NATIONAL ACADEMY FOUNDATION	BALTIMORE CITY
ACCE ACADEMY	BALTIMORE CITY
VIVIEN T THOMAS MEDICAL ARTS ACADEMY	BALTIMORE CITY
AUGUSTA FELLS SAVAGE INSTITUTE OF VISUAL ARTS HIGH	BALTIMORE CITY
COPPIN ACADEMY	BALTIMORE CITY
RENAISSANCE ACADEMY	BALTIMORE CITY
FREDERICK DOUGLASS HIGH	BALTIMORE CITY
CARVER VOCATIONAL-TECHNICAL HIGH	BALTIMORE CITY
BALTIMORE CITY COLLEGE HIGH	BALTIMORE CITY
EAGER STREET ACADEMY	BALTIMORE CITY
SEED SCHOOL OF MARYLAND	SEED SCHOOL OF MARYLAND

BEALL ELEMENTARY	ALLEGANY COUNTY
BRADDOCK MIDDLE	ALLEGANY COUNTY
CASH VALLEY	ALLEGANY COUNTY
CENTER FOR CAREER & TECH EDUC	ALLEGANY COUNTY
CRESAPTOWN ELEMENTARY	ALLEGANY COUNTY
FLINTSTONE SCHOOL	ALLEGANY COUNTY
FT HILL HIGH	ALLEGANY COUNTY
GEORGE'S CREEK ELEMENTARY	ALLEGANY COUNTY
JOHN HUMBIRD ELEMENTARY	ALLEGANY COUNTY
MT SAVAGE ELEMENTARY	ALLEGANY COUNTY
NORTHEAST ELEMENTARY	ALLEGANY COUNTY
PARKSIDE SCHOOL	ALLEGANY COUNTY
SOUTH PENN ELEMENTARY	ALLEGANY COUNTY
WASHINGTON MIDDLE	ALLEGANY COUNTY
WEST SIDE ELEMENTARY	ALLEGANY COUNTY
WESTERNPORT ELEMENTARY	ALLEGANY COUNTY
WESTMAR MIDDLE	ALLEGANY COUNTY

ANNAPOLIS ELEMENTARY	ANNE ARUNDEL COUNTY
ANNAPOLIS MIDDLE	ANNE ARUNDEL COUNTY
ANNAPOLIS SR HIGH	ANNE ARUNDEL COUNTY
BELLE GROVE ELEMENTARY	ANNE ARUNDEL COUNTY
BROCK BRIDGE ELEMENTARY	ANNE ARUNDEL COUNTY
BROOKLYN PARK ELEMENTARY	ANNE ARUNDEL COUNTY
BROOKLYN PARK MIDDLE	ANNE ARUNDEL COUNTY
CORKRAN MIDDLE SCHOOL	ANNE ARUNDEL COUNTY
EASTPORT ELEMENTARY	ANNE ARUNDEL COUNTY
FREETOWN ELEMENTARY	ANNE ARUNDEL COUNTY
GEORGE CROMWELL ELEMENTARY	ANNE ARUNDEL COUNTY
GEORGETOWN EAST ELEMENTARY	ANNE ARUNDEL COUNTY
GERMANTOWN ELEMENTARY	ANNE ARUNDEL COUNTY
GLEN BURNIE PARK ELEMENTARY	ANNE ARUNDEL COUNTY
GLEN BURNIE SENIOR HIGH	ANNE ARUNDEL COUNTY
GLENDALE ELEMENTARY	ANNE ARUNDEL COUNTY
HEBRON HARMAN ELEMENTARY	ANNE ARUNDEL COUNTY
HIGH POINT ELEMENTARY	ANNE ARUNDEL COUNTY
HILLTOP ELEMENTARY	ANNE ARUNDEL COUNTY
LINDALE MIDDLE	ANNE ARUNDEL COUNTY
LOTHIAN ELEMENTARY	ANNE ARUNDEL COUNTY
MARLEY ELEMENTARY	ANNE ARUNDEL COUNTY
MARLEY GLEN SCHOOL	ANNE ARUNDEL COUNTY
MARLEY MIDDLE	ANNE ARUNDEL COUNTY
MARY MOSS @ J. ALBERT ADAMS ACADE	ANNE ARUNDEL COUNTY
MARYLAND CITY ELEMENTARY	ANNE ARUNDEL COUNTY
MEADE HEIGHTS ELEMENTARY	ANNE ARUNDEL COUNTY
MEADE MIDDLE	ANNE ARUNDEL COUNTY
MEADE SENIOR HIGH	ANNE ARUNDEL COUNTY
MILLS PAROLE ELEMENTARY	ANNE ARUNDEL COUNTY
MONARCH ACADEMY ANNAPOLIS	ANNE ARUNDEL COUNTY
NORTH COUNTY HIGH	ANNE ARUNDEL COUNTY
NORTH GLEN ELEMENTARY	ANNE ARUNDEL COUNTY
OAKWOOD ELEMENTARY	ANNE ARUNDEL COUNTY
OVERLOOK ELEMENTARY	ANNE ARUNDEL COUNTY
PARK ELEMENTARY	ANNE ARUNDEL COUNTY
PHOENIX ACADEMY	ANNE ARUNDEL COUNTY
POINT PLEASANT ELEM	ANNE ARUNDEL COUNTY
QUARTERFIELD ELEMENTARY	ANNE ARUNDEL COUNTY
RICHARD HENRY LEE ELEMENTARY	ANNE ARUNDEL COUNTY
RIPPLING WOODS ELEMENTARY	ANNE ARUNDEL COUNTY
RUTH PARKER EASON SCHOOL	ANNE ARUNDEL COUNTY
SOUTHGATE ELEMENTARY	ANNE ARUNDEL COUNTY
TRACEYS ELEMENTARY	ANNE ARUNDEL COUNTY
TYLER HEIGHTS ELEMENTARY	ANNE ARUNDEL COUNTY
VAN BOKKELEN ELEMENTARY	ANNE ARUNDEL COUNTY

WOODSIDE ELEMENTARY	ANNE ARUNDEL COUNTY

ABBOTTSTON ELEMENTARY	BALTIMORE CITY
ACCE ACADEMY	BALTIMORE CITY
ACHIEVEMENT ACADEMY @ HARBOR CIT	BALTIMORE CITY
ARLINGTON ELEMENTARY/MIDDLE	BALTIMORE CITY
ARMISTEAD GARDENS ELEMENTARY/MID	BALTIMORE CITY
ARUNDEL ELEMENTARY/MIDDLE	BALTIMORE CITY
AUGUSTA FELLS SAVAGE INSTITUTE OF V	BALTIMORE CITY
BALTIMORE CITY COLLEGE HIGH	BALTIMORE CITY
BALTIMORE COLLEGIATE SCHOOL FOR B	BALTIMORE CITY
BALTIMORE DESIGN SCHOOL	BALTIMORE CITY
BALTIMORE INTERNATIONAL ACADEMY	BALTIMORE CITY
BALTIMORE INTERNATIONAL ACADEMY W	BALTIMORE CITY
BALTIMORE LEADERSHIP SCHOOL FOR Y	BALTIMORE CITY
BALTIMORE MONTESSORI PUBLIC CHART	BALTIMORE CITY
BALTIMORE POLYTECHNIC INSTITUTE	BALTIMORE CITY
BALTIMORE SCHOOL FOR THE ARTS	BALTIMORE CITY
BARCLAY ELEMENTARY/MIDDLE	BALTIMORE CITY
BARD HIGH SCHOOL EARLY COLLEGE BA	BALTIMORE CITY
BAY-BROOK ELEMENTARY/MIDDLE	BALTIMORE CITY
BEECHFIELD ELEMENTARY/MIDDLE	BALTIMORE CITY
BELAIR-EDISON SCHOOL, THE	BALTIMORE CITY
BELMONT ELEMENTARY	BALTIMORE CITY
BENJAMIN FRANKLIN HIGH AT MASONVIL	BALTIMORE CITY
BILLIE HOLIDAY ELEMENTARY SCHOOL (I	BALTIMORE CITY
BOOKER T WASHINGTON MIDDLE	BALTIMORE CITY
CALLAWAY ELEMENTARY	BALTIMORE CITY
CALVIN M RODWELL ELEMENTARY	BALTIMORE CITY
CARVER VOCATIONAL-TECHNICAL HIGH	BALTIMORE CITY
CECIL ELEMENTARY	BALTIMORE CITY
CHARLES CARROLL BARRISTER ELEMENT	BALTIMORE CITY
CHERRY HILL ELEMENTARY/MIDDLE	BALTIMORE CITY
CITY NEIGHBORS CHARTER ELEMENTARY	BALTIMORE CITY
CITY NEIGHBORS HAMILTON	BALTIMORE CITY
CITY NEIGHBORS HIGH	BALTIMORE CITY
CITY SPRINGS ELEMENTARY/MIDDLE	BALTIMORE CITY
CLAREMONT SCHOOL	BALTIMORE CITY
CLAY HILL PUBLIC CHARTER SCHOOL	BALTIMORE CITY
COLLINGTON SQUARE ELEMENTARY/MID	BALTIMORE CITY
COMMODORE JOHN ROGERS ELEMENTA	BALTIMORE CITY
CONNEXIONS: A COMMUNITY BASED ART	BALTIMORE CITY
COPPIN ACADEMY	BALTIMORE CITY
CREATIVE CITY PUBLIC CHARTER SCHOO	BALTIMORE CITY
CROSS COUNTRY ELEMENTARY	BALTIMORE CITY
CURTIS BAY ELEMENTARY/MIDDLE	BALTIMORE CITY
DALLAS F NICHOLAS SR ELEM	BALTIMORE CITY
DICKEY HILL ELEMENTARY/MIDDLE	BALTIMORE CITY

DIGITAL HARBOR HIGH	BALTIMORE CITY
DOROTHY I. HEIGHT ELEMENTARY SCHO	BALTIMORE CITY
DR BERNARD HARRIS ELEMENTARY	BALTIMORE CITY
DR NATHAN A PITTS-ASHBURTON ELEME	BALTIMORE CITY
EAGER STREET ACADEMY	BALTIMORE CITY
EDMONDSON-WESTSIDE HIGH	BALTIMORE CITY
ELMER A. HENDERSON: A JOHNS HOPKIN	BALTIMORE CITY
EMPOWERMENT ACADEMY	BALTIMORE CITY
EXCEL ACADEMY @ FRANCIS M WOOD H	BALTIMORE CITY
FALLSTAFF ELEMENTARY/MIDDLE	BALTIMORE CITY
FEDERAL HILL PREPARATORY ACADEMY	BALTIMORE CITY
FOREST PARK HIGH	BALTIMORE CITY
FORT WORTHINGTON ELEMENTARY/MID	BALTIMORE CITY
FRANCIS SCOTT KEY ELEMENTARY/MIDD	BALTIMORE CITY
FRANKLIN SQUARE ELEMENTARY/MIDDL	BALTIMORE CITY
FREDERICK DOUGLASS HIGH	BALTIMORE CITY
FREDERICK ELEMENTARY	BALTIMORE CITY
FURLEY ELEMENTARY	BALTIMORE CITY
FURMAN L TEMPLETON ELEMENTARY	BALTIMORE CITY
GARDENVILLE ELEMENTARY	BALTIMORE CITY
GARRETT HEIGHTS ELEMENTARY/MIDDLE	BALTIMORE CITY
GEORGE WASHINGTON ELEMENTARY	BALTIMORE CITY
GLENMOUNT ELEMENTARY/MIDDLE	BALTIMORE CITY
GOVANS ELEMENTARY	BALTIMORE CITY
GRACELAND PARK/ODONNELL HEIGHTS	BALTIMORE CITY
GREEN STREET ACADEMY	BALTIMORE CITY
GWYNNS FALLS ELEMENTARY	BALTIMORE CITY
HAMILTON ELEMENTARY/MIDDLE	BALTIMORE CITY
HAMPDEN ELEMENTARY/MIDDLE	BALTIMORE CITY
HAMPSTEAD HILL ACADEMY	BALTIMORE CITY
HARFORD HEIGHTS ELEMENTARY	BALTIMORE CITY
HARLEM PARK ELEMENTARY/MIDDLE	BALTIMORE CITY
HAZELWOOD ELEMENTARY/MIDDLE	BALTIMORE CITY
HIGHLANDTOWN ELEMENTARY/MIDDLE	BALTIMORE CITY
HIGHLANDTOWN ELEMENTARY/MIDDLE	BALTIMORE CITY
HILTON ELEMENTARY	BALTIMORE CITY
HOLABIRD ELEMENTARY/MIDDLE	BALTIMORE CITY
JAMES MCHENRY ELEMENTARY/MIDDLE	BALTIMORE CITY
JOHN RUHRAH ELEMENTARY/MIDDLE	BALTIMORE CITY
JOHNSTON SQUARE ELEMENTARY	BALTIMORE CITY
JOSEPH C. BRISCOE ACADEMY	BALTIMORE CITY
KATHERINE JOHNSON GLOBAL ACADEM	BALTIMORE CITY
KIPP ACADEMY	BALTIMORE CITY
LAKELAND ELEMENTARY/MIDDLE	BALTIMORE CITY
LAKEWOOD ELEMENTARY	BALTIMORE CITY

LEITH WALK ELEMENTARY/MIDDLE	BALTIMORE CITY
LIBERTY ELEMENTARY	BALTIMORE CITY
LILLIE MAY CARROLL JACKSON SCHOOL	BALTIMORE CITY
LOIS T MURRAY ELEMENTARY/MIDDLE	BALTIMORE CITY
MAREE G. FARRING ELEMENTARY/MIDDL	BALTIMORE CITY
MARGARET BRENT ELEMENTARY/MIDDLI	BALTIMORE CITY
MARY ANN WINTERLING ELEMENTARY @	BALTIMORE CITY
MARY E RODMAN ELEMENTARY	BALTIMORE CITY
MATTHEW A HENSON ELEMENTARY	BALTIMORE CITY
MEDFIELD HEIGHTS ELEMENTARY	BALTIMORE CITY
MERGENTHALER VOC TECH HIGH	BALTIMORE CITY
MIDTOWN ACADEMY	BALTIMORE CITY
MONTEBELLO ELEMENTARY/MIDDLE	BALTIMORE CITY
MORAVIA PARK PRIMARY	BALTIMORE CITY
MORRELL PARK ELEMENTARY/MIDDLE	BALTIMORE CITY
MOUNT ROYAL ELEMENTARY/MIDDLE	BALTIMORE CITY
NATIONAL ACADEMY FOUNDATION	BALTIMORE CITY
NEW SONG ACADEMY	BALTIMORE CITY
NORTH BEND ELEMENTARY/MIDDLE	BALTIMORE CITY
NORTHWOOD ELEMENTARY	BALTIMORE CITY
PARK HEIGHTS ACADEMY	BALTIMORE CITY
PATTERSON HIGH	BALTIMORE CITY
PATTERSON PARK PUBLIC CHARTER	BALTIMORE CITY
PAUL LAURENCE DUNBAR HIGH	BALTIMORE CITY
PIMLICO ELEMENTARY/MIDDLE	BALTIMORE CITY
REGINALD F LEWIS HIGH SCHOOL	BALTIMORE CITY
RENAISSANCE ACADEMY	BALTIMORE CITY
ROBERT W COLEMAN ELEMENTARY	BALTIMORE CITY
ROLAND PARK ELEMENTARY/MIDDLE	BALTIMORE CITY
ROSEMONT ELEMENTARY/MIDDLE	BALTIMORE CITY
SANDTOWN-WINCHESTER ACHIEVEMEN	BALTIMORE CITY
SHARP-LEADENHALL ELEMENTARY	BALTIMORE CITY
SINCLAIR LANE ELEMENTARY	BALTIMORE CITY
SOUTHWEST BALTIMORE CHARTER	BALTIMORE CITY
STADIUM SCHOOL	BALTIMORE CITY
TENCH TILGHMAN ELEMENTARY/MIDDLE	BALTIMORE CITY
THE CROSSROADS SCHOOL	BALTIMORE CITY
THE GREEN SCHOOL OF BALTIMORE	BALTIMORE CITY
THE HISTORIC SAMUEL COLERIDGE-TAYL	BALTIMORE CITY
THE MOUNT WASHINGTON SCHOOL	BALTIMORE CITY
THE REACH! PARTNERSHIP SCHOOL	BALTIMORE CITY
THOMAS JEFFERSON ELEMENTARY/MIDI	BALTIMORE CITY
THOMAS JOHNSON ELEMENTARY/MIDDL	BALTIMORE CITY
TUNBRIDGE PUBLIC CHARTER ELEMENT/	BALTIMORE CITY
VANGUARD COLLEGIATE MIDDLE	BALTIMORE CITY

VIOLETVILLE ELEMENTARY/MIDDLE	BALTIMORE CITY
VIVIEN T THOMAS MEDICAL ARTS ACADE	BALTIMORE CITY
WALTER P CARTER ELEMENTARY/MIDDL	BALTIMORE CITY
WAVERLY ELEMENTARY/MIDDLE	BALTIMORE CITY
WESTERN HIGH	BALTIMORE CITY
WESTPORT ACADEMY	BALTIMORE CITY
WILDWOOD ELEMENTARY MIDDLE SCHO	BALTIMORE CITY
WILLIAM PACA ELEMENTARY	BALTIMORE CITY
WILLIAM S BAER SCHOOL	BALTIMORE CITY
WINDSOR HILLS ELEMENTARY/MIDDLE	BALTIMORE CITY
WOLFE STREET ACADEMY	BALTIMORE CITY
WOODHOME ELEMENTARY/MIDDLE	BALTIMORE CITY
YORKWOOD ELEMENTARY	BALTIMORE CITY

ARBUTUS ELEMENTARY	BALTIMORE COUNTY
ARBUTUS MIDDLE	BALTIMORE COUNTY
BALTIMORE HIGHLANDS ELEMENTARY	BALTIMORE COUNTY
BATTLE GROVE ELEMENTARY	BALTIMORE COUNTY
BATTLE MONUMENT SCHOOL	BALTIMORE COUNTY
BEAR CREEK ELEMENTARY	BALTIMORE COUNTY
BEDFORD ELEMENTARY	BALTIMORE COUNTY
BERKSHIRE ELEMENTARY	BALTIMORE COUNTY
CARNEY ELEMENTARY	BALTIMORE COUNTY
CATONSVILLE CTR FOR ALTER STUD	BALTIMORE COUNTY
CEDARMERE ELEMENTARY	BALTIMORE COUNTY
CHADWICK ELEMENTARY	BALTIMORE COUNTY
CHARLESMONT ELEMENTARY	BALTIMORE COUNTY
CHASE ELEMENTARY	BALTIMORE COUNTY
CHESAPEAKE HIGH	BALTIMORE COUNTY
CHURCH LANE ELEMENTARY	BALTIMORE COUNTY
COLGATE ELEMENTARY	BALTIMORE COUNTY
CROSSROADS CENTER	BALTIMORE COUNTY
DEEP CREEK ELEMENTARY	BALTIMORE COUNTY
DEEP CREEK MIDDLE	BALTIMORE COUNTY
DEER PARK ELEMENTARY	BALTIMORE COUNTY
DEER PARK MIDDLE & MAGNET SCHO	BALTIMORE COUNTY
DOGWOOD ELEMENTARY	BALTIMORE COUNTY
DUNDALK ELEMENTARY	BALTIMORE COUNTY
DUNDALK HIGH	BALTIMORE COUNTY
DUNDALK MIDDLE	BALTIMORE COUNTY
EDMONDSON HEIGHTS ELEMENTARY	BALTIMORE COUNTY
ELMWOOD ELEMENTARY	BALTIMORE COUNTY
ESSEX ELEMENTARY	BALTIMORE COUNTY
FEATHERBED LANE ELEMENTARY	BALTIMORE COUNTY
FRANKLIN MIDDLE	BALTIMORE COUNTY
FULLERTON ELEMENTARY	BALTIMORE COUNTY
GENL JOHN STRICKER MIDDLE	BALTIMORE COUNTY
GLENMAR ELEMENTARY	BALTIMORE COUNTY
GLYNDON ELEMENTARY	BALTIMORE COUNTY
GRANGE ELEMENTARY	BALTIMORE COUNTY
HALETHORPE ELEMENTARY	BALTIMORE COUNTY
HALSTEAD ACADEMY	BALTIMORE COUNTY
HARFORD HILLS ELEMENTARY	BALTIMORE COUNTY
HAWTHORNE ELEMENTARY	BALTIMORE COUNTY
HEBBVILLE ELEMENTARY	BALTIMORE COUNTY
HERNWOOD ELEMENTARY	BALTIMORE COUNTY
HOLABIRD MIDDLE	BALTIMORE COUNTY
JOHNNYCAKE ELEMENTARY	BALTIMORE COUNTY
JOPPA VIEW ELEMENTARY	BALTIMORE COUNTY
KENWOOD HIGH	BALTIMORE COUNTY

LANSDOWNE ELEMENTARY	BALTIMORE COUNTY
LANSDOWNE HIGH	BALTIMORE COUNTY
LANSDOWNE MIDDLE	BALTIMORE COUNTY
LOCH RAVEN HIGH	BALTIMORE COUNTY
LOCH RAVEN TECH ACADEMY	BALTIMORE COUNTY
LOGAN ELEMENTARY	BALTIMORE COUNTY
MAIDEN CHOICE SCHOOL	BALTIMORE COUNTY
MARS ESTATES ELEMENTARY	BALTIMORE COUNTY
MARTIN BLVD ELEMENTARY	BALTIMORE COUNTY
MCCORMICK ELEMENTARY	BALTIMORE COUNTY
MEADOWOOD EDUCATION CTR	BALTIMORE COUNTY
MIDDLE RIVER MIDDLE	BALTIMORE COUNTY
MIDDLESEX ELEMENTARY	BALTIMORE COUNTY
MILBROOK ELEMENTARY	BALTIMORE COUNTY
MILFORD MILL ACADEMY	BALTIMORE COUNTY
NEW TOWN ELEMENTARY	BALTIMORE COUNTY
NEW TOWN HIGH	BALTIMORE COUNTY
NORTHWEST ACADEMY OF HEALTH SCIE	BALTIMORE COUNTY
NORWOOD ELEMENTARY	BALTIMORE COUNTY
OAKLEIGH ELEMENTARY	BALTIMORE COUNTY
OREMS ELEMENTARY	BALTIMORE COUNTY
OVERLEA HIGH	BALTIMORE COUNTY
OWINGS MILLS ELEMENTARY	BALTIMORE COUNTY
OWINGS MILLS HIGH	BALTIMORE COUNTY
PADONIA INTERNATIONAL ELEMENTA	BALTIMORE COUNTY
PARKVILLE HIGH	BALTIMORE COUNTY
PARKVILLE MIDDLE	BALTIMORE COUNTY
PATAPSCO HIGH & CTR FOR THE AR	BALTIMORE COUNTY
PIKESVILLE MIDDLE	BALTIMORE COUNTY
PINE GROVE MIDDLE	BALTIMORE COUNTY
PLEASANT PLAINS ELEMENTARY	BALTIMORE COUNTY
POWHATAN ELEMENTARY	BALTIMORE COUNTY
RANDALLSTOWN ELEMENTARY	BALTIMORE COUNTY
RANDALLSTOWN HIGH	BALTIMORE COUNTY
RED HOUSE RUN ELEMENTARY	BALTIMORE COUNTY
REISTERSTOWN ELEMENTARY	BALTIMORE COUNTY
RELAY ELEMENTARY	BALTIMORE COUNTY
RIDGE RUXTON SCHOOL	BALTIMORE COUNTY
RIVERVIEW ELEMENTARY	BALTIMORE COUNTY
ROSEDALE CENTER	BALTIMORE COUNTY
ROSSVILLE ELEMENTARY	BALTIMORE COUNTY
SANDALWOOD ELEMENTARY	BALTIMORE COUNTY
SANDY PLAINS ELEMENTARY	BALTIMORE COUNTY
SCOTTS BRANCH ELEMENTARY	BALTIMORE COUNTY
SENECA ELEMENTARY	BALTIMORE COUNTY

SHADY SPRING ELEMENTARY	BALTIMORE COUNTY
SOUTHWEST ACADEMY	BALTIMORE COUNTY
STEMMERS RUN MIDDLE	BALTIMORE COUNTY
SUSSEX ELEMENTARY	BALTIMORE COUNTY
TIMBER GROVE ELEMENTARY	BALTIMORE COUNTY
VICTORY VILLA ELEMENTARY	BALTIMORE COUNTY
VILLA CRESTA ELEMENTARY	BALTIMORE COUNTY
WARREN ELEMENTARY	BALTIMORE COUNTY
WELLWOOD INTERNATIONAL MAGNET	BALTIMORE COUNTY
WESTOWNE ELEMENTARY	BALTIMORE COUNTY
WHITE OAK SCHOOL	BALTIMORE COUNTY
WINAND ELEMENTARY	BALTIMORE COUNTY
WINDSOR MILL MIDDLE	BALTIMORE COUNTY
WINFIELD ELEMENTARY	BALTIMORE COUNTY
WOODBRIDGE ELEMENTARY	BALTIMORE COUNTY
WOODHOLME ELEMENTARY	BALTIMORE COUNTY
WOODLAWN HIGH	BALTIMORE COUNTY
WOODLAWN MIDDLE	BALTIMORE COUNTY
WOODMOOR ELEMENTARY	BALTIMORE COUNTY

CALVERT COUNTRY SCHOOL	CALVERT COUNTY
PATUXENT APPEAL ELEMENTARY CAMPU	CALVERT COUNTY

COL RICHARDSON HIGH	CAROLINE COUNTY
COL RICHARDSON MIDDLE	CAROLINE COUNTY
DENTON ELEMENTARY	CAROLINE COUNTY
FEDERALSBURG ELEMENTARY	CAROLINE COUNTY
GREENSBORO ELEMENTARY	CAROLINE COUNTY
LOCKERMAN MIDDLE	CAROLINE COUNTY
NORTH CAROLINE HIGH	CAROLINE COUNTY
PRESTON ELEMENTARY	CAROLINE COUNTY
RIDGELY ELEMENTARY	CAROLINE COUNTY

CROSSROADS MIDDLE SCHOOL	CARROL COUNTY
GATEWAY SCHOOL	CARROL COUNTY
ROBERT MOTON ELEMENTARY	CARROL COUNTY
TANEYTOWN ELEMENTARY	CARROL COUNTY

BAINBRIDGE ELEMENTARY	CECIL COUNTY
BAY VIEW ELEMENTARY	CECIL COUNTY
CECIL MANOR ELEMENTARY	CECIL COUNTY
CECILTON ELEMENTARY	CECIL COUNTY
ELKTON HIGH	CECIL COUNTY
ELKTON MIDDLE	CECIL COUNTY
GILPIN MANOR ELEMENTARY	CECIL COUNTY
HOLLY HALL ELEMENTARY	CECIL COUNTY
NORTH EAST ELEMENTARY	CECIL COUNTY
PERRYVILLE ELEMENTARY	CECIL COUNTY
THOMSON ESTATES ELEMENTARY	CECIL COUNTY

BENJAMIN STODDERT MIDDLE	CHARLES COUNTY
C P AUL BARNHART ELEMENTARY	CHARLES COUNTY
DR GUSTAVUS BROWN ELEMENTARY	CHARLES COUNTY
DR SAMUEL A MUDD ELEMENTARY	CHARLES COUNTY
EVA TURNER ELEMENTARY	CHARLES COUNTY
GLYMONT MIDDLE SCHOOL	CHARLES COUNTY
INDIAN HEAD ELEMENTARY	CHARLES COUNTY
J C P ARKS ELEMENTARY	CHARLES COUNTY
J P RYON ELEMENTARY	CHARLES COUNTY
JENIFER ELEMENTARY SCHOOL	CHARLES COUNTY
JOHN HANSON MIDDLE SCHOOL	CHARLES COUNTY
MT HOP E/NANJEMOY ELEMENTARY	CHARLES COUNTY
THOMAS STONE HIGH SCHOOL	CHARLES COUNTY
W ILLIAM B W ADE ELEMENTARY	CHARLES COUNTY

CAMBRIDGE-SOUTH DORCHESTER HI	DORCHESTER COUNTY
CHOPTANK ELEMENTARY	DORCHESTER COUNTY
HURLOCK ELEMENTARY	DORCHESTER COUNTY
MACES LANE MIDDLE	DORCHESTER COUNTY
MAPLE ELEMENTARY	DORCHESTER COUNTY
NORTH DORCHESTER HIGH	DORCHESTER COUNTY
NORTH DORCHESTER MIDDLE	DORCHESTER COUNTY
SANDY HILL ELEMENTARY	DORCHESTER COUNTY
VIENNA ELEMENTARY	DORCHESTER COUNTY
WARWICK ELEMENTARY	DORCHESTER COUNTY

BUTTERFLY RIDGE ELEMENTARY	FREDERICK COUNTY
CRESTWOOD MIDDLE SCHOOL	FREDERICK COUNTY
HEATHER RIDGE HIGH SCHOOL	FREDERICK COUNTY
HILLCREST ELEMENTARY	FREDERICK COUNTY
LEWISTOWN ELEMENTARY	FREDERICK COUNTY
LINCOLN ELEMENTARY	FREDERICK COUNTY
MONOCACY ELEMENTARY	FREDERICK COUNTY
MONOCACY MIDDLE	FREDERICK COUNTY
WAVERLEY ELEMENTARY	FREDERICK COUNTY
WEST FREDERICK MIDDLE	FREDERICK COUNTY

BROAD FORD ELEMENTARY	GARRETT COUNTY
CRELLIN ELEMENTARY	GARRETT COUNTY
FRIENDSVILLE ELEMENTARY	GARRETT COUNTY
GRANTSVILLE ELEMENTARY	GARRETT COUNTY
YOUGH GLADES ELEMENTARY	GARRETT COUNTY

ABERDEEN MIDDLE	HARFORD COUNTY
BAKERFIELD ELEMENTARY	HARFORD COUNTY
CHURCH CREEK ELEMENTARY	HARFORD COUNTY
DEERFIELD ELEMENTARY	HARFORD COUNTY
EDGEWOOD ELEMENTARY	HARFORD COUNTY
EDGEWOOD HIGH	HARFORD COUNTY
EDGEWOOD MIDDLE	HARFORD COUNTY
G D LISBY ELEMENTARY HILLSDALE	HARFORD COUNTY
HALLS CROSS ROADS ELEMENTARY	HARFORD COUNTY
HARFORD ACADEMY AT CAMPUS HILLS	HARFORD COUNTY
HAVRE DE GRACE ELEMENTARY	HARFORD COUNTY
JOPPATOWNE ELEMENTARY	HARFORD COUNTY
JOPPATOWNE HIGH	HARFORD COUNTY
MAGNOLIA ELEMENTARY	HARFORD COUNTY
MAGNOLIA MIDDLE	HARFORD COUNTY
OLD POST ROAD ELEMENTARY	HARFORD COUNTY
RIVERSIDE ELEMENTARY	HARFORD COUNTY

BOLLMAN BRIDGE ELEMENTARY	HOWARD COUNTY
BRYANT WOODS ELEMENTARY	HOWARD COUNTY
CRADLEROCK ELEMENTARY	HOWARD COUNTY
DEEP RUN ELEMENTARY	HOWARD COUNTY
DUCKETTS LANE ELEMENTARY	HOWARD COUNTY
GUILFORD ELEMENTARY	HOWARD COUNTY
HARPERS CHOICE MIDDLE	HOWARD COUNTY
HOMEWOOD SCHOOL	HOWARD COUNTY
LAKE ELKHORN MIDDLE	HOWARD COUNTY
LAUREL WOODS ELEMENTARY	HOWARD COUNTY
RUNNING BROOK ELEMENTARY	HOWARD COUNTY
STEVENS FOREST ELEMENTARY	HOWARD COUNTY

GALENA ELEMENTARY SCHOOL	KENT COUNTY
H H GARNETT ELEMENTARY	KENT COUNTY
KENT COUNTY HIGH	KENT COUNTY
KENT COUNTY MIDDLE SCHOOL	KENT COUNTY
ROCK HALL ELEMENTARY	KENT COUNTY

A MARIO LOIEDERMAN MIDDLE	MONTGOMERY COUNTY
ARCOLA ELEMENTARY	MONTGOMERY COUNTY
ARGYLE MIDDLE	MONTGOMERY COUNTY
BEL PRE ELEMENTARY	MONTGOMERY COUNTY
BENJAMIN BANNEKER MIDDLE	MONTGOMERY COUNTY
BRIGGS CHANEY MIDDLE	MONTGOMERY COUNTY
BROOKHAVEN ELEMENTARY	MONTGOMERY COUNTY
BROWN STATION ELEMENTARY	MONTGOMERY COUNTY
BURNT MILLS ELEMENTARY	MONTGOMERY COUNTY
BURTONSVILLE ELEMENTARY	MONTGOMERY COUNTY
CANNON ROAD ELEMENTARY	MONTGOMERY COUNTY
CAPT JAMES E DALY ELEMENTARY	MONTGOMERY COUNTY
CARL SANDBURG LEARNING CENTER	MONTGOMERY COUNTY
CLOPPER MILL ELEMENTARY	MONTGOMERY COUNTY
CRESTHAVEN ELEMENTARY	MONTGOMERY COUNTY
DR CHARLES R DREW ELEMENTARY	MONTGOMERY COUNTY
DR SALLY K RIDE ELEMENTARY	MONTGOMERY COUNTY
EAST SILVER SPRING ELEMENTARY	MONTGOMERY COUNTY
EASTERN MIDDLE	MONTGOMERY COUNTY
FAIRLAND ELEMENTARY	MONTGOMERY COUNTY
FLOWER HILL ELEMENTARY	MONTGOMERY COUNTY
FOREST OAK MIDDLE	MONTGOMERY COUNTY
FOX CHAPEL ELEMENTARY	MONTGOMERY COUNTY
FRANCIS SCOTT KEY MIDDLE	MONTGOMERY COUNTY
GAITHERSBURG ELEMENTARY	MONTGOMERY COUNTY
GAITHERSBURG HIGH	MONTGOMERY COUNTY
GAITHERSBURG MIDDLE	MONTGOMERY COUNTY
GALWAY ELEMENTARY	MONTGOMERY COUNTY
GEORGIAN FOREST ELEMENTARY	MONTGOMERY COUNTY
GLEN HAVEN ELEMENTARY	MONTGOMERY COUNTY
GLENALLAN ELEMENTARY	MONTGOMERY COUNTY
GOSHEN ELEMENTARY	MONTGOMERY COUNTY
GREENCASTLE ELEMENTARY	MONTGOMERY COUNTY
HARMONY HILLS ELEMENTARY	MONTGOMERY COUNTY
HARRIET R TUBMAN ELEMENTARY	MONTGOMERY COUNTY
HIGHLAND ELEMENTARY	MONTGOMERY COUNTY
JACKSON ROAD ELEMENTARY	MONTGOMERY COUNTY
JOANN LELECK ELEMENTARY AT BROAD	MONTGOMERY COUNTY
JOHN F KENNEDY HIGH	MONTGOMERY COUNTY
JUDITH A RESNIK ELEMENTARY	MONTGOMERY COUNTY
KEMP MILL ELEMENTARY	MONTGOMERY COUNTY
LAKE SENECA ELEMENTARY	MONTGOMERY COUNTY
MARTIN LUTHER KING JR MIDDLE	MONTGOMERY COUNTY
MEADOW HALL ELEMENTARY	MONTGOMERY COUNTY
MONTGOMERY KNOLLS ELEMENTARY	MONTGOMERY COUNTY
MONTGOMERY VILLAGE MIDDLE	MONTGOMERY COUNTY

NEELSVILLE MIDDLE	MONTGOMERY COUNTY
NEW HAMPSHIRE ESTATES ELEM	MONTGOMERY COUNTY
NEWPORT MILL MIDDLE	MONTGOMERY COUNTY
NORTHWOOD HIGH	MONTGOMERY COUNTY
OAK VIEW ELEMENTARY	MONTGOMERY COUNTY
ODESSA SHANNON MIDDLE	MONTGOMERY COUNTY
PAINT BRANCH HIGH	MONTGOMERY COUNTY
PARKLAND MIDDLE	MONTGOMERY COUNTY
R SARGENT SHRIVER ELEMENTARY	MONTGOMERY COUNTY
ROCK TERRACE HIGH	MONTGOMERY COUNTY
ROLLING TERRACE ELEMENTARY	MONTGOMERY COUNTY
ROSCOE E NIX ELEMENTARY	MONTGOMERY COUNTY
ROSEMONT ELEMENTARY	MONTGOMERY COUNTY
S CHRISTA MCAULIFFE ELEMENTARY	MONTGOMERY COUNTY
SOUTH LAKE ELEMENTARY	MONTGOMERY COUNTY
SPRINGBROOK HIGH	MONTGOMERY COUNTY
STEDWICK ELEMENTARY	MONTGOMERY COUNTY
STRATHMORE ELEMENTARY	MONTGOMERY COUNTY
STRAWBERRY KNOLL ELEMENTARY	MONTGOMERY COUNTY
SUMMIT HALL ELEMENTARY	MONTGOMERY COUNTY
TWINBROOK ELEMENTARY	MONTGOMERY COUNTY
VIERS MILL ELEMENTARY	MONTGOMERY COUNTY
WASHINGTON GROVE ELEMENTARY	MONTGOMERY COUNTY
WATERS LANDING ELEMENTARY	MONTGOMERY COUNTY
WATKINS MILL ELEMENTARY	MONTGOMERY COUNTY
WATKINS MILL HIGH	MONTGOMERY COUNTY
WELLER ROAD ELEMENTARY	MONTGOMERY COUNTY
WHEATON HIGH	MONTGOMERY COUNTY
WHEATON WOODS ELEMENTARY	MONTGOMERY COUNTY
WHETSTONE ELEMENTARY	MONTGOMERY COUNTY
WHITE OAK MIDDLE	MONTGOMERY COUNTY

ADELPHI ELEMENTARY	PRINCE GEORGE'S COUNTY
ALLENWOOD ELEMENTARY	PRINCE GEORGE'S COUNTY
ANDREW JACKSON ACADEMY	PRINCE GEORGE'S COUNTY
APPLE GROVE ELEMENTARY	PRINCE GEORGE'S COUNTY
ARDMORE ELEMENTARY	PRINCE GEORGE'S COUNTY
ARROWHEAD ELEMENTARY	PRINCE GEORGE'S COUNTY
AVALON ELEMENTARY	PRINCE GEORGE'S COUNTY
BADEN ELEMENTARY	PRINCE GEORGE'S COUNTY
BARNABY MANOR ELEMENTARY	PRINCE GEORGE'S COUNTY
BEACON HEIGHTS ELEMENTARY	PRINCE GEORGE'S COUNTY
BELTSVILLE ELEMENTARY	PRINCE GEORGE'S COUNTY
BENJAMIN STODDERT MIDDLE	PRINCE GEORGE'S COUNTY
BERWYN HEIGHTS ELEMENTARY	PRINCE GEORGE'S COUNTY
BLADENSBURG ELEMENTARY	PRINCE GEORGE'S COUNTY
BLADENSBURG HIGH	PRINCE GEORGE'S COUNTY
BRADBURY HEIGHTS ELEMENTARY	PRINCE GEORGE'S COUNTY
BUCK LODGE MIDDLE	PRINCE GEORGE'S COUNTY
C ELIZABETH RIEG REGIONAL	PRINCE GEORGE'S COUNTY
CALVERTON ELEMENTARY	PRINCE GEORGE'S COUNTY
CARMODY HILLS ELEMENTARY	PRINCE GEORGE'S COUNTY
CAROLE HIGHLANDS ELEMENTARY	PRINCE GEORGE'S COUNTY
CARROLLTON ELEMENTARY	PRINCE GEORGE'S COUNTY
CATHERINE T REED ELEMENTARY	PRINCE GEORGE'S COUNTY
CENTRAL HIGH	PRINCE GEORGE'S COUNTY
CESAR CHAVEZ ELEMENTARY	PRINCE GEORGE'S COUNTY
CHARLES CARROLL MIDDLE	PRINCE GEORGE'S COUNTY
CHARLES HERBERT FLOWERS HIGH	PRINCE GEORGE'S COUNTY
CHEROKEE LANE ELEMENTARY	PRINCE GEORGE'S COUNTY
CHILLUM ELEMENTARY	PRINCE GEORGE'S COUNTY
CLINTON GROVE ELEMENTARY	PRINCE GEORGE'S COUNTY
COLUMBIA PARK ELEMENTARY	PRINCE GEORGE'S COUNTY
COOL SPRING ELEMENTARY	PRINCE GEORGE'S COUNTY
COOPER LANE ELEMENTARY	PRINCE GEORGE'S COUNTY
CORA L RICE ELEMENTARY	PRINCE GEORGE'S COUNTY
CROSSLAND HIGH	PRINCE GEORGE'S COUNTY
DEERFIELD RUN ELEMENTARY	PRINCE GEORGE'S COUNTY
DISTRICT HEIGHTS ELEMENTARY	PRINCE GEORGE'S COUNTY
DODGE PARK ELEMENTARY	PRINCE GEORGE'S COUNTY
DOSWELL E BROOKS ELEMENTARY	PRINCE GEORGE'S COUNTY
DREW FREEMAN MIDDLE	PRINCE GEORGE'S COUNTY
DUVAL HIGH	PRINCE GEORGE'S COUNTY
DWIGHT D EISENHOWER MIDDLE	PRINCE GEORGE'S COUNTY
EDWARD M. FELEGY ELEMENTARY	PRINCE GEORGE'S COUNTY
ERNEST EVERETT JUST MIDDLE	PRINCE GEORGE'S COUNTY
FAIRMONT HEIGHTS HIGH	PRINCE GEORGE'S COUNTY
FLINTSTONE ELEMENTARY	PRINCE GEORGE'S COUNTY

FOREST HEIGHTS ELEMENTARY	PRINCE GEORGE'S COUNTY
FORT FOOTE ELEMENTARY	PRINCE GEORGE'S COUNTY
FRANCES SCOTT KEY ELEM	PRINCE GEORGE'S COUNTY
FRANCIS T EVANS ELEMENTARY	PRINCE GEORGE'S COUNTY
FRIENDLY HIGH	PRINCE GEORGE'S COUNTY
FT WASHINGTON FOREST ELEM	PRINCE GEORGE'S COUNTY
G JAMES GHOULSON MIDDLE	PRINCE GEORGE'S COUNTY
GAYWOOD ELEMENTARY	PRINCE GEORGE'S COUNTY
GLADYS N SPELLMAN ELEMENTARY	PRINCE GEORGE'S COUNTY
GLASSMANOR ELEMENTARY	PRINCE GEORGE'S COUNTY
GLENN DALE ELEMENTARY	PRINCE GEORGE'S COUNTY
GLENRIDGE ELEMENTARY	PRINCE GEORGE'S COUNTY
GREENBELT ELEMENTARY	PRINCE GEORGE'S COUNTY
GREENBELT MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
HIGH BRIDGE ELEMENTARY	PRINCE GEORGE'S COUNTY
HIGH POINT HIGH	PRINCE GEORGE'S COUNTY
HIGHLAND PARK ELEMENTARY	PRINCE GEORGE'S COUNTY
HILLCREST HEIGHTS ELEMENTARY	PRINCE GEORGE'S COUNTY
HOLLYWOOD ELEMENTARY	PRINCE GEORGE'S COUNTY
HYATTSVILLE ELEMENTARY	PRINCE GEORGE'S COUNTY
HYATTSVILLE MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
IMAGINE FOUNDATIONS AT MORNINGSID	PRINCE GEORGE'S COUNTY
INDIAN QUEEN ELEMENTARY	PRINCE GEORGE'S COUNTY
INTERNATIONAL HIGH SCHOOL @ LANGL	PRINCE GEORGE'S COUNTY
INTERNATIONAL HIGH SCHOOL @ LARGO	PRINCE GEORGE'S COUNTY
J FRANK DENT ELEMENTARY	PRINCE GEORGE'S COUNTY
JAMES E DUCKWORTH REGIONAL	PRINCE GEORGE'S COUNTY
JAMES H HARRISON ELEMENTARY	PRINCE GEORGE'S COUNTY
JAMES MCHENRY ELEMENTARY	PRINCE GEORGE'S COUNTY
JAMES RYDER RANDALL ELEMENTARY	PRINCE GEORGE'S COUNTY
JOHN H BAYNE ELEMENTARY	PRINCE GEORGE'S COUNTY
JUDGE SYLVANIA WOODS ELEMENTAR	PRINCE GEORGE'S COUNTY
KENMOOR MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
KETTERING ELEMENTARY	PRINCE GEORGE'S COUNTY
KETTERING MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
KINGSFORD ELEMENTARY	PRINCE GEORGE'S COUNTY
LAKE ARBOR ELEMENTARY	PRINCE GEORGE'S COUNTY
LAMONT ELEMENTARY	PRINCE GEORGE'S COUNTY
LANGLEY PK/MCCORMICK ELEM	PRINCE GEORGE'S COUNTY
LARGO HIGH SCHOOL	PRINCE GEORGE'S COUNTY
LAUREL ELEMENTARY	PRINCE GEORGE'S COUNTY
LAUREL HIGH	PRINCE GEORGE'S COUNTY
LEWISDALE ELEMENTARY	PRINCE GEORGE'S COUNTY
LINCOLN CHARTER SCHOOL	PRINCE GEORGE'S COUNTY
LONGFIELDS ELEMENTARY	PRINCE GEORGE'S COUNTY

MAGNOLIA ELEMENTARY	PRINCE GEORGE'S COUNTY
MARLTON ELEMENTARY	PRINCE GEORGE'S COUNTY
MARTIN LUTHER KING JR MIDDLE S	PRINCE GEORGE'S COUNTY
MARY HARRIS "MOTHER" JONES ELEMEN	PRINCE GEORGE'S COUNTY
MELWOOD ELEMENTARY	PRINCE GEORGE'S COUNTY
MONTPELIER ELEMENTARY	PRINCE GEORGE'S COUNTY
MT RAINIER ELEMENTARY	PRINCE GEORGE'S COUNTY
NICHOLAS OREM MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
NORTH FORESTVILLE ELEMENTARY	PRINCE GEORGE'S COUNTY
NORTHVIEW ELEMENTARY	PRINCE GEORGE'S COUNTY
NORTHWESTERN HIGH	PRINCE GEORGE'S COUNTY
OAKLANDS ELEMENTARY	PRINCE GEORGE'S COUNTY
OXON HILL ELEMENTARY	PRINCE GEORGE'S COUNTY
OXON HILL MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
PAINT BRANCH ELEMENTARY	PRINCE GEORGE'S COUNTY
PANORAMA ELEMENTARY	PRINCE GEORGE'S COUNTY
PARKDALE HIGH	PRINCE GEORGE'S COUNTY
PATUXENT ELEMENTARY	PRINCE GEORGE'S COUNTY
PORT TOWNS ELEMENTARY	PRINCE GEORGE'S COUNTY
POTOMAC HIGH	PRINCE GEORGE'S COUNTY
PRINCETON ELEMENTARY	PRINCE GEORGE'S COUNTY
RIDGECREST ELEMENTARY	PRINCE GEORGE'S COUNTY
RIVERDALE ELEMENTARY	PRINCE GEORGE'S COUNTY
ROBERT FROST ELEMENTARY	PRINCE GEORGE'S COUNTY
ROBERT R GRAY ELEMENTARY	PRINCE GEORGE'S COUNTY
ROCKLEDGE ELEMENTARY	PRINCE GEORGE'S COUNTY
ROGER HEIGHTS ELEMENTARY	PRINCE GEORGE'S COUNTY
ROSA L PARKS ELEMENTARY	PRINCE GEORGE'S COUNTY
ROSARYVILLE ELEMENTARY	PRINCE GEORGE'S COUNTY
SAMUEL CHASE ELEMENTARY	PRINCE GEORGE'S COUNTY
SAMUEL P. MASSIE ACADEMY	PRINCE GEORGE'S COUNTY
SCOTCH TOWN HILLS ELEMENTARY	PRINCE GEORGE'S COUNTY
SEABROOK ELEMENTARY	PRINCE GEORGE'S COUNTY
SEAT PLEASANT ELEMENTARY	PRINCE GEORGE'S COUNTY
SONIA SOTOMAYOR MIDDLE AT ADELPH	PRINCE GEORGE'S COUNTY
SPRINGHILL LAKE ELEMENTARY	PRINCE GEORGE'S COUNTY
STEPHEN DECATUR MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
SUITLAND ELEMENTARY	PRINCE GEORGE'S COUNTY
SUITLAND HIGH	PRINCE GEORGE'S COUNTY
SURRATTSVILLE HIGH	PRINCE GEORGE'S COUNTY
TAYAC ELEMENTARY	PRINCE GEORGE'S COUNTY
TEMPLETON ELEMENTARY	PRINCE GEORGE'S COUNTY
THOMAS JOHNSON MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
THOMAS S STONE ELEMENTARY	PRINCE GEORGE'S COUNTY
THURGOOD MARSHALL MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY

UNIVERSITY PARK ELEMENTARY	PRINCE GEORGE'S COUNTY
VALLEY VIEW ELEMENTARY	PRINCE GEORGE'S COUNTY
VANSVILLE ELEMENTARY	PRINCE GEORGE'S COUNTY
WALDON WOODS ELEMENTARY	PRINCE GEORGE'S COUNTY
WALKER MILL MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
WILLIAM BEANES ELEMENTARY	PRINCE GEORGE'S COUNTY
WILLIAM PACA ELEMENTARY	PRINCE GEORGE'S COUNTY
WILLIAM W HALL ACADEMY	PRINCE GEORGE'S COUNTY
WILLIAM WIRT MIDDLE SCHOOL	PRINCE GEORGE'S COUNTY
WOODMORE ELEMENTARY	PRINCE GEORGE'S COUNTY
WOODRIDGE ELEMENTARY	PRINCE GEORGE'S COUNTY

SUDLERSVILLE MIDDLE	QUEEN ANNE'S COUNTY
SUDLERSVILLE ELEMENTARY	QUEEN ANNE'S COUNTY

GEORGE WASHINGTON CARVER ELEMEN	ST. MARY'S COUNTY
GREEN HOLLY SCHOOL	ST. MARY'S COUNTY
LEXINGTON PARK ELEMENTARY	ST. MARY'S COUNTY
PARK HALL ELEMENTARY	ST. MARY'S COUNTY
SPRING RIDGE MIDDLE	ST. MARY'S COUNTY

CARTER G WOODSON ELEMENTARY	SOMERSET COUNTY
CRISFIELD HIGH	SOMERSET COUNTY
DEAL ISLAND SCHOOL	SOMERSET COUNTY
GREENWOOD ELEMENTARY	SOMERSET COUNTY
INTERMEDIATE SCHOOL	SOMERSET COUNTY
PRINCESS ANNE ELEMENTARY	SOMERSET COUNTY
WASHINGTON HIGH	SOMERSET COUNTY

EASTON ELEMENTARY	TALBOT COUNTY
EASTON HIGH	TALBOT COUNTY
EASTON MIDDLE	TALBOT COUNTY
TILGHMAN ELEMENTARY	TALBOT COUNTY
WHITE MARSH ELEMENTARY	TALBOT COUNTY

BESTER ELEMENTARY	WASHINGTON COUNTY
CASCADE ELEMENTARY	WASHINGTON COUNTY
E RUSSELL HICKS MIDDLE	WASHINGTON COUNTY
EASTERN ELEMENTARY	WASHINGTON COUNTY
EMMA K DOUB ELEMENTARY	WASHINGTON COUNTY
HANCOCK ELEMENTARY	WASHINGTON COUNTY
HANCOCK MIDDLE SENIOR HIGH	WASHINGTON COUNTY
HICKORY ELEMENTARY	WASHINGTON COUNTY
JONATHAN HAGER ELEMENTARY	WASHINGTON COUNTY
LINCOLNSHIRE ELEMENTARY	WASHINGTON COUNTY
MARSHALL STREET EDUCATION CENTER	WASHINGTON COUNTY
MAUGANSVILLE ELEMENTARY	WASHINGTON COUNTY
NORTH HAGERSTOWN HIGH	WASHINGTON COUNTY
NORTHERN MIDDLE	WASHINGTON COUNTY
PANGBORN ELEMENTARY	WASHINGTON COUNTY
POTOMAC HEIGHTS ELEMENTARY	WASHINGTON COUNTY
RUTH ANN MONROE PRIMARY	WASHINGTON COUNTY
SALEM AVENUE ELEMENTARY	WASHINGTON COUNTY
SOUTH HAGERSTOWN HIGH	WASHINGTON COUNTY
SPRINGFIELD MIDDLE	WASHINGTON COUNTY
WASHINGTON CO JOB DEVELOPMENT CI	WASHINGTON COUNTY
WESTERN HEIGHTS MIDDLE	WASHINGTON COUNTY
WILLIAMSPORT ELEMENTARY	WASHINGTON COUNTY
WILLIAMSPORT HIGH	WASHINGTON COUNTY

BEAVER RUN ELEMENTARY SCHOOL	WICOMICO COUNTY
BENNETT MIDDLE	WICOMICO COUNTY
CHARLES H CHIPMAN ELEMENTARY	WICOMICO COUNTY
EAST SALISBURY ELEMENTARY	WICOMICO COUNTY
FRUITLAND INTERMEDIATE	WICOMICO COUNTY
FRUITLAND PRIMARY	WICOMICO COUNTY
GLEN AVENUE ELEMENTARY	WICOMICO COUNTY
NORTH SALISBURY ELEMENTARY	WICOMICO COUNTY
PEMBERTON ELEMENTARY	WICOMICO COUNTY
PINEHURST ELEMENTARY	WICOMICO COUNTY
PITTSVILLE ELEMENTARY MIDDLE SCHOO	WICOMICO COUNTY
PRINCE STREET ELEMENTARY	WICOMICO COUNTY
SALISBURY MIDDLE SCHOOL	WICOMICO COUNTY
WEST SALISBURY ELEMENTARY SCHOOL	WICOMICO COUNTY
WICOMICO HIGH	WICOMICO COUNTY
WICOMICO MIDDLE	WICOMICO COUNTY

BUCKINGHAM ELEMENTARY	WORCESTER COUNTY
CEDAR CHAPEL SPECIAL	WORCESTER COUNTY
POCOMOKE ELEMENTARY	WORCESTER COUNTY
POCOMOKE HIGH	WORCESTER COUNTY
POCOMOKE MIDDLE	WORCESTER COUNTY
SNOW HILL ELEMENTARY	WORCESTER COUNTY
SNOW HILL MIDDLE	WORCESTER COUNTY

Selection of Service Providers I

CSP Applicant Name:

Service Provider Organization Name	Project Director Name	Project Director's E-mail & Phone Number	# of Unduplicated Students to be Served*	Age(s) Served (Pre-K, Elementary, Middle, or High School)	Tier(s) Served (Tier 1, Tier 2, Tier 3)

*If the Service Provider is serving more than one jurisdiction, please list the # of unduplicated students in **each jurisdiction.**

Selection of Service Providers I

CSP Applicant Name:

Service Provider Organization Name	Project Director Name	Project Director's E-mail & Phone Number	# of Unduplicated Students to be Served*	Age(s) Served (Pre-K, Elementary, Middle, or High School)	Tier(s) Served (Tier 1, Tier 2, Tier 3)

*If the Service Provider is serving more than one jurisdiction, please list the # of unduplicated students in **each jurisdiction.**

Selection of Service Providers I

CSP Applicant Name:

Service Provider Organization Name	Project Director Name	Project Director's E-mail & Phone Number	# of Unduplicated Students to be Served*	Age(s) Served (Pre-K, Elementary, Middle, or High School)	Tier(s) Served (Tier 1, Tier 2, Tier 3)

*If the Service Provider is serving more than one jurisdiction, please list the # of unduplicated students in **each jurisdiction.**

Selection of Service Providers II

CSP Applicant Name:

Service Provider Organization Name	Description of Services Provided	Reason Selected for Funding	Feasibility/Readiness to Start Services	Currently Billing Medicaid? (Y/N)

Selection of Service Providers II

CSP Applicant Name:

Service Provider Organization Name	Description of Services Provided	Reason Selected for Funding	Feasibility/Readiness to Start Services	Currently Billing Medicaid? (Y/N)

Selection of Service Providers II

CSP Applicant Name:

Service Provider Organization Name	Description of Services Provided	Reason Selected for Funding	Feasibility/Readiness to Start Services	Currently Billing Medicaid? (Y/N)

Ensuring Service Quality – Priority Evidence-Based Programs (EBP)

CSP Applicant Name:

Service Provider Organization Name	Name of Selected Priority EBP(s) to be Implemented During the Grant Year	Total # of Service Provider Staff to be Trained in each EBP

Ensuring Service Quality – Priority Evidence-Based Programs (EBP)

CSP Applicant Name:

Service Provider Organization Name	Name of Selected Priority EBP(s) to be Implemented During the Grant Year	Total # of Service Provider Staff to be Trained in each EBP

Ensuring Service Quality – Priority Evidence-Based Programs (EBP)

CSP Applicant Name:

Service Provider Organization Name	Name of Selected Priority EBP(s) to be Implemented During the Grant Year	Total # of Service Provider Staff to be Trained in each EBP

Ensuring Service Quality – Other Evidence-Based Programs (EBP)/Interventions

CSP Applicant Name:

Service Provider Organization Name	Name of Other EBP/Intervention to be Implemented During the Grant Year	Description of EBP/Intervention

Ensuring Service Quality – Other Evidence-Based Programs (EBP)/Interventions

CSP Applicant Name:

Service Provider Organization Name	Name of Other EBP/Intervention to be Implemented During the Grant Year	Description of EBP/Intervention

Ensuring Service Quality – Other Evidence-Based Programs (EBP)/Interventions

CSP Applicant Name:

Service Provider Organization Name	Name of Other EBP/Intervention to be Implemented During the Grant Year	Description of EBP/Intervention