**Maryland Department of Labor’s Rural Advancement for Maryland Peers (RAMP) Program Competitive Grant Application Form**

| **Important Note:** This application is for organizations seeking funding from the Maryland Department of Labor under the Rural Advancement for Maryland Peers (RAMP) Program. Please complete all fields of this application and submit with the other required documentation by Friday, November 21, 2025 at 11:59 P.M. Completed applications may be submitted via email to Anna Whitney at: [anna.whitney@maryland.gov](mailto:anna.whitney@maryland.gov). Submissions must include all required documents outlined in the RAMP Policy and should be submitted as one PDF file in a single email. Incomplete applications or those submitted after the due date will not be considered. Please see the RAMP Policy for project requirements prior to completing this form. |
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| **Required Documents** |
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| * RAMP Grant Application |
| * RAMP Budget (.xlxs)[[1]](#footnote-0) |
| * Letter of Commitment for Outreach and Recruitment Partner 1 |
| * Letter of Commitment from Outreach and Recruitment Partner 2 |
| * Letter of Commitment/MOU from Employer 1 |
| * Letter of Commitment/MOU from Employer 2 |
| * Letter of Commitment/MOU from Employer 3 |
| * Signed W-9 Form |
| * Certificate of Good Standing |
| **Optional Documents** |
| * Additional Letter(s) of Commitment |
| * Program Promotional Materials |

| **Applicant Information** | | |
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| **1** | **Applicant Organization** |  |
| **2** | **Project Title** |  |
| **3** | **Applicant Federal Employer Identification Number (FEIN)** |  |
| **4** | **Point of Contact Name** |  |
| **5** | **Point of Contact Title** |  |
| **6** | **Point of Contact Email Address** |  |
| **7** | **Point of Contact Phone Number** |  |
| **8** | **Organization Street Address** |  |
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| **9** | **Eligible Entity (select all that apply)**   * Non-profit organizations; * Community-based organizations; * Faith-based organizations; * Local workforce development boards; * Local government agencies; * Registered Apprenticeship sponsors; * Postsecondary education institutions; * Local and regional economic development entities; and * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Is the applicant an approved SNAP E&T vendor? (Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does the applicant intend to serve individuals that reside in ENOUGH communities? (Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

| **APPLICATION NARRATIVE** |
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**Relevant Labor Market Information**

| **10** | Provide a brief overview of current or projected job openings for, or relevant labor market information related to, behavioral health professionals served by the project within their county or region. |
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**Applicant Profile**

| **11** | Provide a brief profile of the applying organization, highlighting any previous experience related to recruiting or providing training to peers. If none, please state N/A. |
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**Project Plan**

| **12** | Describe your organization's proposed plan for the use of funding, including the training and coursework that will be offered. |
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**Project Timeline**

| **13** | Please describe the estimated timeline for all project’s key activities. The period of performance will be February 1, 2026 - May 31, 2028. |
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**Geographic Service Area Description**

| **14** | Describe the geographic service area to be served by the project. Be sure to include the county or counties from which participants will be recruited. If the applicant intends to serve individuals from ENOUGH communities, please specify the ENOUGH community. |
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**Outreach and Recruitment Efforts**

| **15** | How will applicants be recruited for training? Include the name of any partner organizations that are involved in recruitment efforts. Applicants must include at least two letters of commitment from partner organizations that will support outreach and recruitment efforts. |
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**CPRS Certification Process and Examination**

| **16** | Describe your organization's plan to ensure participants complete all necessary coursework and service hours required to take and pass the CPRS examination. |
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**Developing Career Pathways for CRPS**

| **17** | Identify a strategic plan or strategies that the project will undertake to reduce barriers to the recruitment, retention, and/or advancement of peers. Please note applicants must provide information about their supportive service plan, including any necessary partnerships with community organizations to effectively provide these services. |
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**Employer Engagement**

| **18** | Please describe how employers will be engaged in the project, including how employers will support providing clear and direct employment pathways for Certified Peer Recovery Specialists and other mid-level behavioral health roles. Applicants must include at least three letters of commitment or memoranda of understanding from employers. |
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**Supportive Services**

| **19** | Describe any supportive services that will be provided to participants to ensure successful completion, placement, and retention in the behavioral health field. |
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**Program Deliverables**

| **20** | Complete the chart below to identify the program’s targeted key performance outcomes. | |
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| **A** | Total number of individuals enrolled in training |  |
| **A1** | Total number of non-peers enrolled in training |  |
| **A2** | Total number of current CPRS enrolled in training |  |
| **B** | Total number of individuals to complete training |  |
| **C** | Total number of individuals to obtain a credential or certificate |  |
| **D** | Total number of individuals to obtain unsubsidized employment in the behavioral health field |  |
| **D1** | Total number of individuals to obtain unsubsidized employment as a peer |  |
| **E** | Total number of peers to obtain unsubsidized employment in new/ mid-level role |  |
| **F** | Average hourly wage of employed individuals |  |
| **G** | Retention rate six months after employment *(provide as a percentage)* |  |
| **H** | Total number of individuals who receive peer support from an enrolled participant |  |

## **Partner Organizations:**

| **21** | Provide a brief profile of all other partner organizations and describe their role in the project. |
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**Sustainability Measures:**

| **22** | Briefly describe how RAMP efforts will be maintained following the conclusion of the grant period. |
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| **Important Note:** Please include the required Budget Document, Applicant W-9, Certificate of Good Standing, Letters of Commitment, Letters of Support, MOUs or any additional supplemental attachments at the end of this application. |
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**Applicant Affirmations and Submission**

Prior to signing below, review all sections of this application for completion and accuracy. Review the Rural Advancement for Maryland Peers (RAMP) Program Policy for any additional requirements associated with this program. Ensure that all required attachments and any desired optional attachments are included in the final submission.

| **AFFIRMED** | |
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| The undersigned affirms that the applicant organization is in good standing with the Comptroller of Maryland and the Maryland Department of Labor. |  |
| The undersigned affirms that the contents of this application are true, verifiable, and in compliance with all requirements put forth in the program policy. |  |

*To the best of my knowledge, I certify that all the information provided herein is true and correct.*

| **Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Applicant Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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1. Indirect costs may not exceed 15% of the total budget, or, if applicable, the rate the subgrantee has negotiated and received for indirect costs under a direct federal award or from a non-federal entity based on the cost principles in 2 C.F.R. 200. If you have negotiated and received a rate higher than 15% for indirect costs under a direct federal award or from a non-federal entity based on the cost principles in 2 C.F.R. 200, please provide documentation of your receipt of that rate. [↑](#footnote-ref-0)