



2017-2018 CLASSROOM GRANT APPLICATION INFORMATION

PURPOSE:

The purpose of the Classroom Grants Program is to reward staff members by funding their creative and innovative classroom projects. The projects should enrich standard curriculum and directly enhance learning opportunities for a significant number of students.

ELIGIBILITY:

Any faculty member in the Dover City School District is eligible to apply for a Classroom Grant.

GUIDELINES:

- Classroom Grant projects must show **creativity, innovation**, and support the **goals and on-going priorities** of the Dover City Schools.
- One original and nine copies of the grant application must be submitted to the DCSEF, Inc. Grants Committee Chairperson by **Friday, May 15, 2017**.
- Grants can be used to pay guest speakers who work with students, but not to pay teachers and staff.
- Grants can be used to purchase tangible items. These become the property of the Dover City School District. If a teacher transfers from one Dover City School to another, the tangible items may go with the teacher. However, the items may not leave the Dover City School District.
- Projects are to be completed by **June 1, 2018**.
- Teachers who are awarded grants must submit a final report which should include a written evaluation, and an itemized financial accounting. These items must be submitted to the DCSEF, Inc. Grants Committee Chairperson on the attached form at the conclusion of the project or no later than **June 15, 2018**.
- All grant requests must be approved and signed by the building principal.



CLASSROOM GRANTS PROGRAM APPLICATION FORM

Teacher: _____ Position: _____

School: _____ Date: _____

Title of Project: _____

Target Population: _____

Projected Date(s) of Implementation: _____

I believe that the information contained in this application is true and accurate. I also understand that if I receive any grant award from the Dover City Schools Education Foundation, Inc., my name and photograph may be published by the media and in promotional materials, newsletters, solicitation letters and the like. I hereby release this information and my photograph or likeness to the Dover City Schools Education Foundation, Inc., and its assigns, and I grant my consent to the publication of this information and my photograph for news, solicitation and promotional purposes.

_____ **Agree** _____ **Disagree**

ATTACH THE FOLLOWING TO COVER PAGE:

- 1) Summary of Project (description)
- 2) Objectives/Activities (state briefly goals, dates and procedures)
- 3) Evaluation Plan (how will project effectiveness be assessed)
- 4) Budget (list resources needed and estimated cost of project—approx. \$500 maximum)

(Teacher)

(Administrative Approval)

Grant Application Deadline – May 15, 2017
Final Summary Due – June 15, 2018
(Grant monies must be spent within the 2017-2018 school year)

Dover City Schools Education Foundation, Inc.
“An Investment in Educational Excellence”

SELECTION PROCESS:

All sections of the applications must be typewritten. One **(1) original** and nine **(9) copies** must be submitted to the Dover City Schools Education Foundation, Inc. Grants Committee Chairperson by **Friday, May 15, 2017**.

Teresa Alberts
DCSEF Grants Committee Chairperson
Dover High School
520 North Walnut Street
Dover, Ohio 44622

Applications will be reviewed on a competitive basis by the DCSEF, Inc. Board of Directors. Recommendation for funding will be based on broad impact, program content, plans for program implementation and potential educational value.

SELECTION CRITERIA:

1. Projects must show creativity, innovation, and support the goals of the Dover City Schools.
2. Are the objectives clearly stated? Are they realistic and worthwhile?
3. Are the activities, materials, resource personnel, tentative schedule, and completion date specified?
4. Are the plans for evaluating the project suited to the nature of the project?
5. Is the budget reasonable and detailed?

For more information, please contact:

Teresa Alberts, Chair
Grants Committee
330-364-7148
AlbertsT@dovertornadoes.com

TEACHER GRANT FINAL EVALUATION

**UPON GRANT SELECTION, THIS FORM IS TO BE RETURNED TO
FOUNDATION COMMITTEE NO LATER THAN JUNE 15, 2017.**

Teacher(s): _____ Position: _____

School: _____ Date: _____

Title of Project: _____

Evaluation of Project:

Final Budget Summary:

