



# Olathe Public Schools Foundation

## Grant Guidelines

### Grant Application Selection Process

Your grant application will be considered in two steps. First, applications will be screened for compliance with our minimum eligibility standards as follows:

- Hidden Glen Visual Arts Grants awarded to Visual Art Teachers up to \$2,000.
- Innovative Classroom grants awarded to teachers and principals up to \$2,500.
- Building or district-wide grants awarded to administrators for \$5,000.
- Need-Based grants awarded to teachers and principals up to \$1,000.
- Grant proposals must meet and follow all Olathe Public Schools policies.
- Proposals must match curriculum for grade level and subject area of involved students.
- Available building funds should be used before requesting grant funds.
- Proposals should not include items or equipment already provided by Olathe Public Schools.
- Grants involving technology must be approved by the Olathe Public Schools technology department (Dr. Josh Anderson) **prior to submission**. Please complete a district software/technology approval form and attach to your application.
- Materials purchased with grant funds become property of Olathe Public Schools.
- Grant winners must submit a post-program (page 4) assessment with pictures by September 1.
- Grant applications are due in the Foundation's MCC office by 4:00 p.m. on the grant cycle deadline

Applications that meet the minimum eligibility standards will be compared to other proposals using the following *competitive standards*. These questions correspond with items 1-5 on the grant application (page 3). Accurate and *complete* responses to these questions will better assist the grant committee in evaluating your grants.

#### Innovative Classroom Grants/Extended Learning Grants

1. **Innovation:** What new strategy/new approach/new method makes this grant truly innovative?
  - Has this program been previously implemented?
2. **Impact:** Does this grant clearly address an academic discipline or a need-based student initiative?
  - Does this grant demonstrate overall academic impact of the student or the project?
  - Can the program be repeated without additional funds?
  - How many students will this program impact?
  - What grade levels and subject areas will your program target?
3. **Educational Outcomes:** How will the educational outcomes of the program impact students?
  - Does the impact on the student involve more than one academic discipline?
  - How will the grant impact students in future grade levels and academic environments?
4. **Student Success:** How does your program maximize student success?
  - Does this grant provide information that demonstrates how student impact will be measured?

#### Need-Based Grants

1. **Student Need:** Overall level of student need
  - Was this program previously funded and since been cut?
  - Are there other avenues for funding?
2. **Impact:** Does this grant clearly address an academic discipline or a need-based student initiative?
  - Does this grant demonstrate overall academic impact of the student or the project?
  - Can the program be repeated without additional funds?
  - How many students will this program impact?
  - What grade levels and subject areas will your program target?
3. **Educational Outcomes:** What are the educational outcomes for this grant?

- Does the impact on the student involve more than one academic discipline?
  - How will the grant impact students in future grade levels and academic environments?
4. **Student Success:** How does your program maximize student success?
- Does this grant provide information that demonstrates how student impact will be measured?

**Post Grant Requirements**

Funded grants are required to complete the post-grant assessment on page 4 of this application and provide photos or other materials (videos, thank you letters, art, etc.) depicting your grant.

Do not staple.  
One-sided copies only.



**Grant Application**

\*Please refer to page 1 while completing this application\*

Grant Applicant Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Grant Title: \_\_\_\_\_

Building: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_ #of students impacted: \_\_\_\_\_

**Please mark one grant category you are applying for:**

- Hidden Glen Visual Arts Grant: Awarded to Visual Art Teachers, limited to \$2,000.
- Innovative Classroom grant: Awarded to teachers and principals limited to \$2,500.
- Need-Based grant: Awarded to teachers and principals limited to \$1,000.
- Building or district-wide grant: Awarded to administrators limited to \$5,000.

**Will you accept partial funding for your grant request?**     YES     NO

**APPLICATION INSTRUCTIONS**

(Please keep your grant application to six pages or less. Thank you!)

**Your grant application should consist of the following:**

- √ **PAGE 1** – A completed copy of this form with signatures.
- √ **PAGES 2 and 3** – Typed grant description as well as answers to the questions described on page one of the application in the following areas:
  1. Grant Summary - 50 words or less. *(This summary will be used by the Foundation in publications and should be a brief, concise version of your grant description. Responses might be edited.)*
  2. Innovation or Student Need
  3. Impact
  4. Educational Outcome
  5. Student Success – Post-Assessment & Measurements
- √ **PAGE 4** – Grant Funding Outline (page 4 of this application) with supporting documentation.

\*Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*I understand the guideline and requirements on page 1, including a post-program report, due at the completion of the grant.*

\*Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***If your grant project will cover multiple schools, your grant must be reviewed and approved by the district administrator/coordinator for your program.***

\*District Program Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form via inter-school mail to "MCC -Olathe Public Schools Foundation"**  
**Application must arrive before 4:00 p.m. on the cycle deadline date!**

Phone: 913-780-8222 / Fax: 913-780-8104 / [www.olathepublicschoolsfoundation.org](http://www.olathepublicschoolsfoundation.org)

**Grant Funding Outline**

| Item                          | Number needed | Supplier | Amount* |
|-------------------------------|---------------|----------|---------|
|                               |               |          | \$      |
|                               |               |          | \$      |
|                               |               |          | \$      |
|                               |               |          | \$      |
|                               |               |          | \$      |
|                               |               |          | \$      |
|                               |               |          | \$      |
|                               |               |          | \$      |
|                               |               |          | \$      |
| <b>*TOTAL GRANT REQUESTED</b> |               |          | \$      |

### Grant Funding Outline, Cont.

| Item                          | Number needed | Supplier | Amount* |
|-------------------------------|---------------|----------|---------|
|                               |               |          | \$      |
|                               |               |          | \$      |
|                               |               |          | \$      |
|                               |               |          | \$      |
|                               |               |          | \$      |
|                               |               |          | \$      |
|                               |               |          | \$      |
|                               |               |          | \$      |
|                               |               |          | \$      |
| <b>*TOTAL GRANT REQUESTED</b> |               |          | \$      |

**\*Brief documentation on funding estimates must be attached to this request.**





## POST GRANT ASSESSMENT

**Deadline:** Please complete this assessment and return it to the Foundation, according to your grant contract.

|   |                                  |
|---|----------------------------------|
| Program Title:  | Grant Applicant:                 |
| Number of Participating Students:   | Dates of Program Implementation: |
| DID THIS GRANT TARGET EXTENDED LEARNING OPPORTUNITIES? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |
| WHAT WERE THE OBJECTIVES OF YOUR GRANT?   |                                  |
|   |                                  |
| WHAT WERE THE MOST SIGNIFICANT ACHIEVEMENTS OF YOUR PROGRAM?  |                                  |
|   |                                  |
| WHAT STUDENT OR PARENT FEEDBACK DID YOU RECEIVE?  |                                  |
|   |                                  |
| WHAT CHALLENGES WERE IDENTIFIED DURING YOUR GRANT PROGRAM?  |                                  |
|   |                                  |
| WHAT MODIFICATIONS WOULD YOU MAKE TO YOUR GRANT PROGRAM?  |                                  |
|   |                                  |
| WILL YOU CONTINUE THIS PROGRAM? WHY OR WHY NOT?   |                                  |
|   |                                  |
| OTHER COMMENTS:   |                                  |
|   |                                  |

- Photos submitted?
- Labels affixed to purchased grant materials?