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**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?

1. **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?

1. **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?

1. **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?

1. **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?

1. **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?

1. **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.

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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:

**APPLICATION INSTRUCTIONS**

**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**

**(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\*** |
|  |  |  | **$** |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| \*TOTAL GRANT REQUESTED | | | $ |

**Grant Funding Outline, Cont.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Number needed** | **Supplier** | **Amount\*** |
|  |  |  | **$** |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| \*TOTAL GRANT REQUESTED | | | $ |

**\*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?  Yes  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?