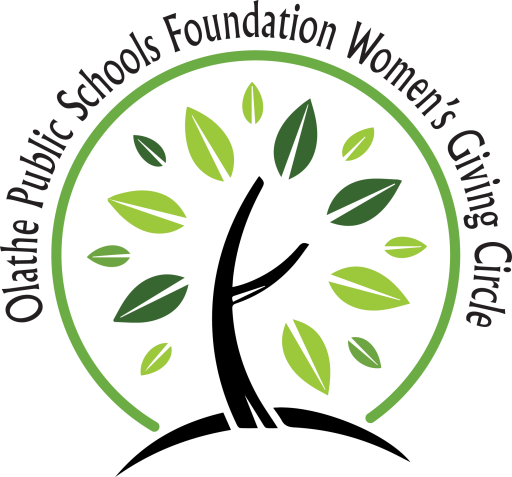
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**OPSF Women’s Giving Circle**

Call for Proposals

**Grant Amounts: $10,000 – Fall, 2016**

**Grant Amounts: $15,000 – Spring 2017**

The OPSF Women’s Giving Circle is a group of women who support Olathe students and teachers. Their combined financial contributions create a pool of funds which they grant out to Olathe certified educators for projects impacting Olathe students.

**Fall, 2016 Grant Amount: $8,000 minimum - $10,000 maximum Focus: Innovation/Student Need  
Spring, 2017 Grant Amount: $13,000 minimum - $15,000 maximum Focus: Innovation**

The OPSF Women’s Giving Circle is currently seeking grant proposals. Olathe teachers should identify a challenge/problem impacting student achievement, and submit a grant proposal stating how they would address that challenge/problem utilizing resources funded with the grant.

***Note: Grant proposals submitted for the fall, 2016 cycle should specifically address challenges faced by students in need. Proposals for spring, 2017 may NOT address challenges faced specifically by students in need. Proposals for both cycles must feature innovative solutions to challenges/problems impacting student achievement.***

**Examples of challenges:**

* maximizing instruction with iPads
* low number of Latinos pursuing degrees in technology-based fields
* student struggles with health and wellness issues
* equipment needed to prepare students for advanced coursework in 21st Century programs or for career/technical education programs.
* lack of access to the arts or sports for students from low-income communities

Educators are encouraged to contact the OPSF office with questions. We strongly recommend submitting your grant at least one week before the deadline for review and feedback.

**Successful grant proposals will have the following characteristics:**

* **Collaboration:** Project must impact multiple classrooms, grades, or buildings.
* **Sustainability:** Project must include a solid plan for sustainability past initial grant funding.
* **Innovation**: Project must demonstrate a new approach to solving problems or meeting needs.
* **Outcomes:** Proposal must include clearly outlined desired student outcomes from the investment of grant dollars and how those outcomes will be measured.
* A budget that does not exceed $10,000 for the first cycle and $15,000 for the second cycle. *Proposals should not include funding for items or equipment already provided by Olathe Public Schools.*
* Approval of building/program administrators is mandatory.

**Deadline for applications**:

Applications must be received electronically at the OPSF office ([foundation@olatheschools.org](mailto:foundation@olatheschools.org)) by: Fall, 2016 Cycle: Noon, Wednesday, September 7, 2016.  
 Spring, 2017 Cycle: Noon, Wednesday, April 5, 2017

**Who is eligible to apply:**

Certified educators employed by the Olathe Public Schools

**Funding timeline**

Fall cycle funds will be available by November 1.

Spring cycle funds will be available by June 1.

**Grant applications should be submitted in the following format:**

**Body of Grant: Please address each of the following areas under the headers listed below.**

1. **Header: Project overview**
   1. Tell the grant readers the story of what you would be doing with the grant funding.
2. **Header: Demonstrated need for the project**
   1. What evidence is there that this need exists?
   2. How will your project meet this need?
   3. How many students will this project impact?
   4. What grade levels and subject areas will this project impact?
3. **Header: Innovation**
   1. What makes your project different from other similar projects?
   2. Has this project been previously implemented? If so, what is different in this proposal?
   3. How does your project reach students in non-traditional ways?
   4. Can this project be repeated without additional funds?
4. **Header: Education Outcomes**
   1. What outcomes will you achieve by implementing this project?
   2. How will you measure the outcomes?
   3. How long will it take you to achieve these outcomes?
   4. How will you sustain these outcomes?
   5. Note: Anecdotal evidence is not acceptable as the only measurement of success.
5. **Header: Budget**
   1. List items to be purchased with grant funds, with totals for each type of item.
   2. Do not need to list vendors or provide photos of items to be purchased as part of the budget.
6. **Header: Project Summary -** In fewer than 50 words, sum up the project and the outcomes you hope to achieve.

**Addendums:**

1. Title page
2. Completed and signed technology addendum if proposal includes hardware or software
3. Post grant assessment form (to be completed only when funding is awarded)

**Format:**

* Proposal should be typed, using the headers described above.
* Proposal may include photographs
* Proposal must be submitted electronically by e-mail as a .pdf.
* The title page and technology addendum may be scanned and submitted as .pdfs.
* The title page may be recreated as a Word Document.
* The entire packet must be sent electronically via e-mail to foundation@olatheschools.org.

Fall cycle finalists will be chosen to present their grant proposal to the Women’s Giving Circle on September 29, 2016. Spring cycle finalists will present on April 27.

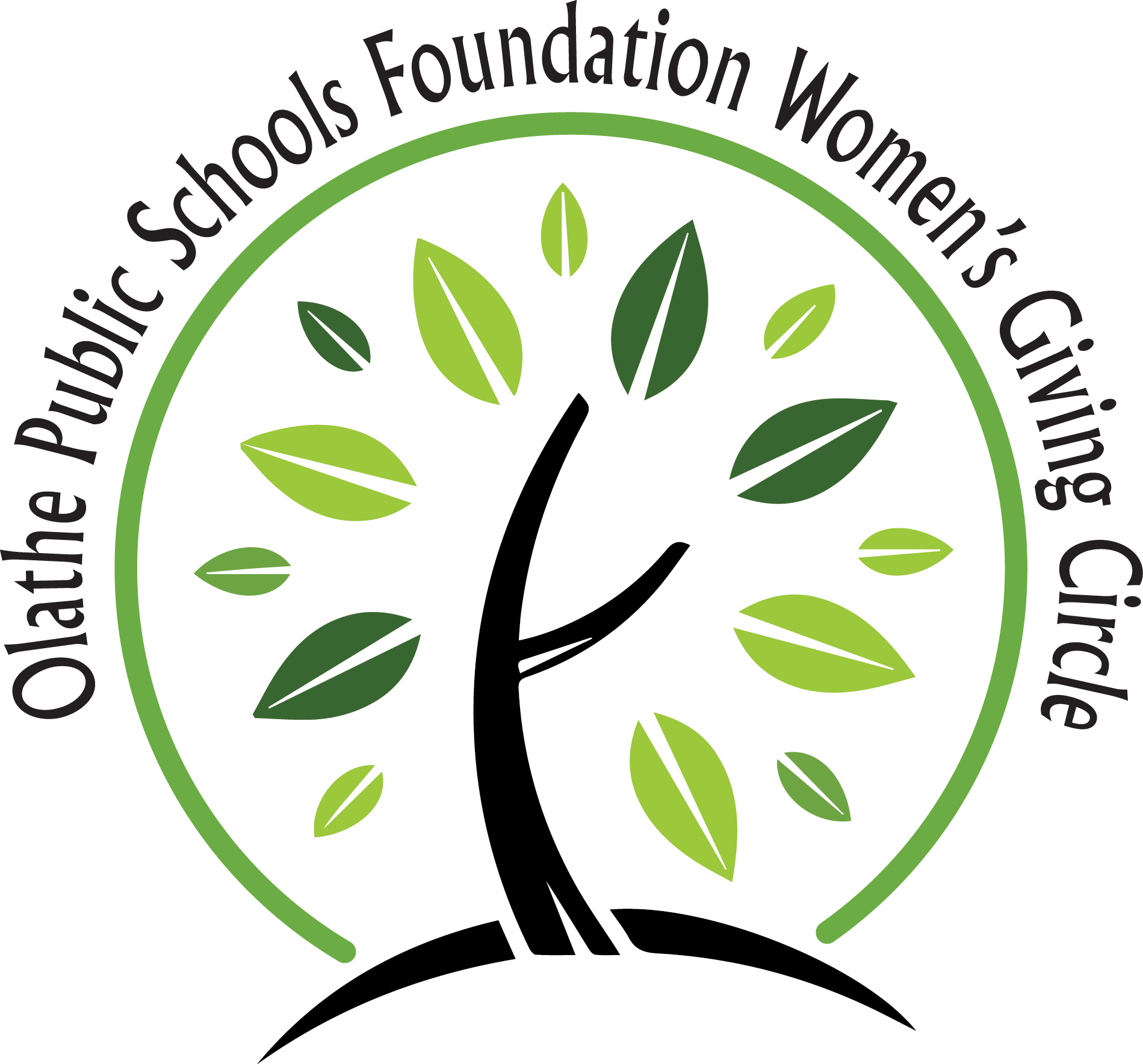
**Contact: Cindy VonFeldt, Executive Director**



Olathe Public Schools Foundation

913-780-8249  
 [cvonfeldtnlsc@olatheschools.org](mailto:cvonfeldtnlsc@olatheschools.org)

**Women’s Giving Circle**

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**Grant Application Title Page**

**❑ Fall cycle ❑ Spring cycle**

Applicant Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead Applicant’s Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# of students impacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building(s) impacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grades impacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*I understand the guideline and requirements and if funded, agree to complete a post-program report, due at the completion of the grant.*

Principal or Dept. Administrator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

**OPSF Women’s Giving Circle 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: | |
|  | |

**Women’s Giving Circle Grant**



**Technology Approval Form**

**If your grant includes the purchase of hardware or software, you must receive approval from the Olathe District Schools technology department. Please complete the following information and submit this form to technology for approval. If you have any questions, please contact Josh Anderson.**

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

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hardware Description (*Desktop computer, laptop, handheld device, other?):***

* Make/Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Operating System(Windows, Mac, IOS):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Version: (Win XP, Win 7, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Software Description:**

* Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Publisher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of licenses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Requirements or Specifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Initial Investment/cost?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* On-going maintenance costs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Who is responsible for on-going costs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How many computers will run on this software?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the expectation for OSD tech support?**

* Repair? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Maintenance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Installation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**District Resources Needed:**

* Power?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Network cabling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Wireless access? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signatures:**

Grant Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by Josh Anderson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***\_\_\_***