Classroom Grant Application

Education Minnesota Foundation for Excellence in Teaching and Learning

Mission: Education Minnesota’s Foundation for Excellence in Teaching and Learning: promoting vision, best practice and achievement

Classroom Grants are intended for licensed personnel* who work with students and wish to improve their practice and student achievement. You may request up to $3,000 for a project you design now and implement in the 2014-15 school year.

Deadlines: ............................................ 4 p.m. Dec. 12, 2014

Grants awarded by: .................................... End of February 2015

Funds to be spent by: ............................... End of June 2016

Attend Representative Convention: ...... April 2015

*Includes classroom teachers, guidance counselors and others who require a license to carry out their work with students.

The application must contain the signed Data Sheet, the Narrative, and a budget in table or chart format. Signed and scanned applications in .pdf format can be emailed to foundation@edmn.org.

Preference is given to projects that address the needs of diverse students or students at risk of failure, involve partnerships and are replicable.

Applications are reviewed by the Foundation’s Board of Trustees, all of whom are active members of Education Minnesota.

Applications that are not awarded grants may be evaluated for improvement upon request.

Revised 8/1/14
Questions to ask yourself before beginning the application process

Education Minnesota Foundation for Excellence in Teaching and Learning

• Am I an active, dues-paying member of Education Minnesota?

• Do I have a reasonable expectation of being in a position to manage a project during the next school year?

• Do I have information that leads me to believe that the project I am considering will improve student achievement?

• Does my project idea address the needs of diverse students or students at risk of failure?

• Do I have partners with whom I can plan and implement this project?

• Am I willing to share my learnings from this project with other educators?

If you answered “yes” to these questions and you did not request reimbursement of the $5 assessment to the Foundation, you should feel confident that the Foundation will give your project serious consideration. If you answered “no” to some of the questions, please view the below topics on the Grants page of www.educationminnesota.org.

• Assistance in the form of a tutorial – see “How to write a grant”

• Types of grants funded – see “Previous grant recipients”
Classroom Grant Application: Data Sheet

ALL APPLICANTS MUST ADDRESS ALL NARRATIVE TOPICS AND COMPLETE THE DATA SHEET.

Project Coordinator’s Name (one person only): ________________________________

Project Title: _____________________________________________________________

Total Amount Requested: ___________________________________________________

Project Coordinator’s Title/Assignment: _______________________________________

Home Address, City, State, ZIP: ______________________________________________

Home Phone: ______________________________________________________________

School Name: ______________________________________________________________

School Address, City, State, ZIP: _____________________________________________

School Phone: ______________________________________________________________

Email Address: ______________________________________________________________

How did you learn about this grant program? ____________________________________

Have you had any grant-writing training? _______________________________________

Have you applied to the Foundation in the past? _________________________________

Team Members (indicate which individuals are Education Minnesota members):

_________________________________________________________________________

_________________________________________________________________________

(continued on back)
☐ I have read and understand the do’s and don’ts section of the Grants page of the Education Minnesota website.

☐ I will attend the April 2015 Representative Convention and prepare a display about my project.

The Education Minnesota Foundation will only accept applications that are the original work of the person or persons submitting the grant request. Applicants are not permitted to submit the work of anyone else as their own.

My signature below indicates that I am the author of this proposal and I have properly attributed authorship to the extent I have based this proposal on the work of others.

Signature: ________________________________________________________________

YOUR LOCAL/AFFILIATE PRESIDENT SHOULD COMPLETE THIS SECTION.

Local or Affiliate Organization: ____________________________________________

Local or Affiliate President’s Name (please print): _____________________________

President’s Phone Number: ________________________________________________

President’s Email: _______________________________________________________

My signature below indicates that I am aware of this application, and should this project be awarded grant funds, the local agrees to support the member. My signature also certifies that the member coordinator is a member of Education Minnesota holding active membership status. (See MEMBER COORDINATOR REQUIREMENTS on opposite page.)

Signature of Local or Affiliate President: ______________________________________

Date: ___________________________________________________________________
Classroom Grant Application: Narrative

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ALL APPLICANTS MUST ADDRESS ALL NARRATIVE TOPICS AND COMPLETE THE DATA SHEET.

Use double spacing, Times New Roman 12 or 14 point type, single sided. Number and label your responses. Limit your narrative to four pages or fewer, which includes your budget chart/table.

1. A one paragraph summary of your project and what you expect to accomplish.

2. Classroom Grants are given for projects that directly address students’ needs.
   • Briefly describe the demographics of your student population.

3. The Foundation’s mission for Classroom Grants is to fund new and promising classroom practices. We’re encouraging educators to be creative in meeting diverse student needs.
   • How is your project a new and different approach to meeting your students’ needs?

4. Classroom Grants go to projects that can expect to have a direct impact on the identified student needs. We look for a direct relationship between the need, the activities (or the project) and the intended outcome(s) in your answers to these four questions:
   • What are the intended outcomes of your project?
   • How do they relate to your stated student needs?
   • Why is this project likely to produce your intended outcomes?
   • What is the relevant educational research on the topic?

5. Successful Classroom Grant applications use a clearly defined and feasible plan of action.
   • Describe the roles of all involved parties (students, educators, parents, community or others).
   • Describe how project activities are student-centered.
   • Include a timeline or flow chart that indicates approximately when major activities will take place.

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6. Classroom Grant projects that lead to a professional examination of educational practices are more likely to be funded. Data collection and analysis are part of that process. Grant recipients will be expected to collect information and use it to monitor and adjust their projects. (All recipients receive training in data collection, analysis and reporting.)

- What data (related to student need) will you have at the beginning of your project to use as a baseline?

7. Classroom Grant applications with detailed, well-planned budgets that ultimately reflect benefit to students are more likely to be funded.

- Create an original table or chart that includes items/materials and approximate costs. Photo copies of price lists and catalogs are NOT required.

- List any additional funds requested or received and any “in-kind” contributions.

Your application will be reviewed only when it is considered “complete” – that is, all seven topics and questions answered, project coordinator information and signature, and local union president signature.