Classroom Technology 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 Technology Grants are intended for any Education Minnesota member who works directly with students. Members may request up to $3,000 to purchase mobile devices or supporting resources to use with students, which support the project.

**Deadlines:** .............................................. 4 p.m. April 1, 2015

**Grants awarded by:** ................................. After June 1, 2015

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

**Attend Representative Convention:** ...... April 2016

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

The application must contain a signed data sheet, a narrative and a budget in table format. A signed and scanned application in .pdf format can be emailed to foundation@edmn.org.

Preference will be given to projects that put the technology in the hands of students, will increase students’ use and understanding of technology, and have measurable or observable outcomes.

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

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

Education Minnesota Foundation for Excellence in Teaching and Learning

• Are my project team members and I active, dues-paying members of Education Minnesota?

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

• Do I have the information that leads me to believe that the project I am considering will improve students’ use and understanding of technology?

• Is my project in alignment with my employer’s technology and communication policy? Have I considered security issues and technical support?

• Have I considered the need for internet access, apps, etc. that support my project?

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.”
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? __________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(continued on back)
☐ My project is in compliance with my employer’s technology and communication policy.

☐ I understand that I will be submitting a report at the end of the project and that Education Minnesota may publicize my project.

☐ I will attend the April 2016 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 project coordinator is a member of Education Minnesota holding active membership status. (See PROJECT COORDINATOR REQUIREMENTS on opposite page.)

Signature of Local or Affiliate President: _________________________________

Date: ___________________________________________________________________

All applications must be received by this office no later than 4 p.m. April 1, 2015.

Mail/email grant applications to:
Education Minnesota Foundation for Excellence in Teaching and Learning
41 Sherburne Ave., St. Paul, MN 55103-2196
foundation@edmn.org – 800-652-9073

page 4
Classroom Technology Grant Application: Narrative

Education Minnesota Foundation for Excellence in Teaching and Learning

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. Limit your application to two pages, which includes your budget chart/table.

Your one-page narrative should include the following:

• A description of your project, how you think it will increase the understanding and use of technology for the classroom, and how long the project will last
• A description of the learning environment and who will benefit from this project
• The number of students directly involved in the project
• A description of the observable/measurable outcomes you will use to evaluate your project
• Your budget chart/table, with specific expenditures listed

Your application will be reviewed only when it is considered complete – that is, the narrative is submitted, and the data sheet is completed.

Notes:

• You will be expected to file a final project report at the end of your project. The Education Minnesota Foundation and Education Minnesota may use this information to publicize your project.
• The technology is for the use of the grant recipient as long as he/she is a member of Education Minnesota and works directly with students.
• The Education Minnesota Foundation or Education Minnesota is not responsible for misuse or loss of the equipment.
All applications must be received by this office no later than 4 p.m. April 1, 2015.

Mail/email grant applications to:
Education Minnesota Foundation for Excellence in Teaching and Learning
41 Sherburne Ave., St. Paul, MN 55103-2196
foundation@edmn.org – 800-652-9073