



## **AFFILIATE GRANT**

**DEADLINE: Due by October 24, 2017**

### **PURPOSE**

The purpose of this grant is to support and strengthen affiliate organizations of VCTM by building memberships and revenues, promoting innovative projects that help make VCTM and affiliate groups more visible to public and educational partners and by supporting the initiatives of NCTM and VCTM. For example, a new initiative for your affiliate could be a math contest for students or professional development for teachers provided by the affiliate. Mentorship or sponsorship of an affiliate is also an acceptable request for this grant. The grant should be used for projects in your area that will benefit your affiliate and will directly or indirectly impact teachers in the affiliate. The grant amount will be up to \$1500.

### **CRITERIA**

Applications will be judged based on the following criteria:

- Does the project address a specific need?
- Is the project innovative?
- Are the objectives clear?
- Is the criteria for assessing the project clear?
- Is there discussion of the long term impact of the project?

### **NOTES TO APPLICANTS**

- Complete the attached grant application.
- Answer the questions on separate paper.
- Application must be postmarked or emailed by October 24, 2017.
- Applicant must agree to write a summary of the project for the Virginia Mathematics Teacher.
- Application will not be considered for a project that has already occurred.
- The scoring rubric is attached for your information.
- Grant recipient will be notified in January.
- If awarded the grant, affiliate must submit VCTM Reimbursement Form by June 1, 2018.
- Questions can be directed to Pam Haner at [hanerpp@vcu.edu](mailto:hanerpp@vcu.edu).

Please send the attached application with your responses by October 24, 2017 TO:

Pam Haner

VCTM Affiliate Grant

1350 Westwood Avenue Unit 602

Richmond, VA 23227 [hanerpp@vcu.edu](mailto:hanerpp@vcu.edu)



**AFFILIATE GRANT APPLICATION**

Title of Project \_\_\_\_\_

Affiliate Name \_\_\_\_\_

Number of Members in Affiliate \_\_\_\_\_

**Grant Contact**

**Affiliate President**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Send correspondence to \_\_\_\_\_ Grant Contact Person \_\_\_\_\_ Affiliate President

Please address the following issues on separate paper. The rubric is attached.

**Rationale** What need is being addressed?

**Description** What are the components and implementation plans for this project? How will this project meet the need identified in the rationale? Include a timeline. Indicate how many teachers will benefit by this grant directly and indirectly. Tell how VCTM's support will be acknowledged.

**Evaluation** What criteria will be used to assess the effectiveness of this project? For example, affiliate could use interviews, checklists, questionnaires, etc. for evaluation.

**Budget** Attach a budget indicating all anticipated expenses and revenues as well as any other source of funding for this project. Budget items must not include food and drink. Make sure this document includes an explanation of projected expenses or estimations to support the stated budget.



**AFFILIATE GRANT APPLICATION SCORING RUBRIC**

Affiliate Name \_\_\_\_\_

Grant Contact Person \_\_\_\_\_

Rate each category from 1 (lowest) to 5 (highest). Maximum Score is 40 points.

**RATIONALE**

\_\_\_\_\_ Clearly stated need is addressed.

**DESCRIPTION**

\_\_\_\_\_ Goals, objectives and number of teachers and/or students impacted clearly stated.

\_\_\_\_\_ Activities and procedures clearly described.

\_\_\_\_\_ Methodology is appropriate to achieve stated goals.

\_\_\_\_\_ Complete timeline is provided.

\_\_\_\_\_ Includes a description of how VCTM will be acknowledged.

**PROJECT EVALUATION AND DISSEMINATION**

\_\_\_\_\_ Includes criteria to assess the effectiveness of the project.

**BUDGET**

\_\_\_\_\_ A budget is included with details of anticipated expenses and revenues and other sources of income, if applicable. Budget does NOT include expenses for food and drink.

TOTAL \_\_\_\_\_

STRENGTHS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WEAKNESSES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Circle ONE:    APPROVE    REJECT