



AFFILIATE GRANT

DEADLINE: Due by October 24, 2018

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, 2018.
- Winning applicant must write a summary of the project for the VCTM Journal.
- 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 Kathleen Londeree at katwilliams1970@aol.com.

Please send the attached application with your responses by October 24, 2018 TO:

Kathleen Londeree
VCTM Affiliate Grant
8201 Angela Nicole Lane
Mechanicsville, VA 23111
katwilliams1970@aol.com



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.



VIRGINIA COUNCIL OF TEACHERS OF MATHEMATICS
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