



**The North Carolina Delta Kappa Gamma Educational Foundation  
Margaret Church Endowment Grant  
Leadership Development for Educators and Students  
PROPOSAL FORM**

Grants from the Margaret Church Endowment support NC teachers and students. This grant may be used by Grade 4-12 Teachers to purchase instructional materials in Leadership Development for use in their classrooms. It is available for student training in extra-curricular groups, grade-level activities, or total school initiatives in Leadership Development for Grade 4-12 Students.

It may be used to help fund Leadership Development for Educators, such as attending Leadership Development classes and conferences or holding school-wide or system-wide leadership development sessions for educators. One grant of up to \$1,000 will be awarded in 2020-2021.

**Directions and Checklist:**

- \_\_\_ 1. The Proposal Form must be complete.
- \_\_\_ 2. Include with the proposal, two (2) letters of recommendation. Do not send separately.
- \_\_\_ 3. Proposal must be **emailed** to the Grants Review Chair, **received** no later than **September 30, 2020**. Proposals received after the deadline will not be considered for the 2020-2021 grant cycle.
- \_\_\_ 4. If awarded a grant, the recipient must submit a record of experiences and actual expenses (with receipts) along with the *Self-Evaluation Form* no later than **August 15, 2021**.
- \_\_\_ 5. Your signature on the last page of the Proposal Form, indicates your acceptance of conditions of the grant as specified herein.

**1. SELECT ONE**

**Leadership Development Training for Educators**

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

Or

**Leadership Development Training for Students**

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

**2. PERSONAL DATA for individual or lead teacher**

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

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**3. TEACHING EXPERIENCE for individual or lead teacher**

Number of years of teaching experience: \_\_\_\_\_

PLACE	POSITION	YEARS OF SERVICE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. Complete only if Proposal involves LEADERSHIP CLASSES OR CONFERENCES:**

A. Name of organization offering the proposed educational activity:

\_\_\_\_\_

B. Beginning date of proposed activity (mm/dd/year): \_\_\_\_\_

C. Ending date of proposed activity (mm/dd/year): \_\_\_\_\_

D. Will educational credits (i.e. CEU's) be offered?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

If so, detail the credits expected to be earned: \_\_\_\_\_

\_\_\_\_\_

**5. DESCRIPTION OF PROPOSED LEADERSHIP DEVELOPMENT:**

Include goals and objectives, projected benefits, number of people served/ involved and the potential to reach a wider audience, innovative and/or collaborative aspects, and timeline. Use a separate attachment if more space is needed.

**6. BUDGET:** Total cost: \_\_\_\_\_

Itemize projected expenses below or attach an itemized budget. Grant recipients will also submit a financial report at the conclusion of the project or educational experience to show actual expenditures.

1. \_\_\_\_\_ Cost: \_\_\_\_\_

2. \_\_\_\_\_ Cost: \_\_\_\_\_

3. \_\_\_\_\_ Cost: \_\_\_\_\_

4. \_\_\_\_\_ Cost: \_\_\_\_\_

5. \_\_\_\_\_ Cost: \_\_\_\_\_

**7. EVALUATION:** Describe how you plan to evaluate the success of this activity, in addition to completion of the **required** *Self-Evaluation Form*. Include both qualitative and quantitative measures.

**8. SHARING:** Are you willing to share information about your experience by writing an article for publication or doing a presentation at the NC DKG State Convention or in another educational setting?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Describe how you might share the educational benefits derived from this experience.

**9. REFERENCES:** Attach two (2) letters of recommendation. Do not send separately. References should be written by someone who is familiar with and can speak with authority in support of the proposed project or educational activity.

**Contact information for references**

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

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**10. PUBLICITY:** Grant recipients are expected to furnish to the Foundation photos of their projects with consent from everyone in the photos for use in NC DKG publications and on websites. All publicity for grant projects must include reference to the North Carolina Delta Kappa Gamma Educational Foundation as a funding source. Copies of publicity items and photos are to be submitted with the Evaluation Form no later than August 15, 2021.

**11. YOUR SIGNATURE** indicates acceptance of the conditions of the grant as indicated throughout the Proposal Form and by your responses herein.

\_\_\_\_\_  
(Signature)

**12. SUBMISSION:** Submit all Proposal materials, including Letters of Recommendation, **via email** to Grants Chair Dot Carter, [dotcarter@embarqmail.com](mailto:dotcarter@embarqmail.com) and copy to Review Committee [ncdkgef@gmail.com](mailto:ncdkgef@gmail.com)

Do not submit items in separate mailings. Applicant will be notified upon receipt of proposal.

**DEADLINE FOR SUBMISSION:** The proposal must be received no later than **September 30, 2020**. Proposals received after September 30 will not be considered for the 2020-2021 granting cycle. Awards will be announced on or before November 1, 2020.





**The North Carolina Delta Kappa Gamma Educational Foundation  
Self Evaluation Form**

**MUST BE SUBMITTED FOLLOWING THE COMPLETION OF THE PROJECT OR STUDY**

Attach additional sheets if needed to give complete answers.

Send all requested items with this form to Dot Carter, [dotcarter@embarqmail.com](mailto:dotcarter@embarqmail.com), by **August 15, 2021**.

Grant Project /Activity Title:

\_\_\_\_\_

Grant Recipient: \_\_\_\_\_

Amount of Grant: \_\_\_\_\_ Date Grant received (m/d/y): \_\_\_\_\_

Date Self-Evaluation was submitted (m/d/y): \_\_\_\_\_

1. The grant application indicated this study/project would involve or serve approximately \_\_\_\_\_ people.

2. The actual number of people involved/served was \_\_\_\_\_.

3. ATTACH a detailed description of how your grant was actually used.

4. ATTACH a list of all expenditures with receipts for each.

NOTE: Include copies of receipts with this report. Do not send separately.

5. What changes, if any, were necessitated in your original proposal by funding that was less than expected or by unanticipated circumstances

6. Evaluate the outcomes of this venture.

Describe the most successful and most rewarding aspects of your study/project?

7. What did you learn of significance from the study or project?

8. What would you change if you were to do a similar study/project again?

9. List any other evaluation items you are submitting with this form.

10. Describe your plans to follow up this study/project.

***Thank you for furthering education in North Carolina by completing this NC DKG Educational Foundation-assisted project!***