# The North Carolina Delta Kappa Gamma Educational Foundation

## **Betsy & Fred Cranford Endowment Grant**

## Learning/Literacy Project or Continuing Education for Professional/Personal Growth

## **2024 SPRING PROPOSAL FORM**



This grant is available to educators in Burke or Caldwell counties. It covers a broad range of possibilities, including continuing education for professional and personal growth or projects for the advancement of learning and literacy. It may be used for projects to enhance learning/literacy in pre-school, classroom, school-wide, or community settings. It may also be used to further professional/personal growth through attendance at conferences, seminars, educational travel, and other educational activities. One (1) grant, up to \$1000, is available to be awarded.

#### **Directions Checklist:**

\_\_\_\_\_1. The Proposal Form must be complete.

\_\_\_\_\_ 2. Include with the proposal, one (1) letter of recommendation. Do not send separately.

\_\_\_\_\_ 3. 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 **Jan 15 of the following year.** 

4. Email proposal, in **WORD** or **PDF**, to Dr. Phyllis Broughton, pbrought123@gmail.com , and copy to ncdkgef@gmail.com. Proposal must be received no later than **Jan 31** to be considered in this grant cycle.

\_\_\_\_\_ 5. Checking each of these 5 items and your signature on the last page of the Proposal Form, indicates your acceptance of conditions of the grant as specified herein.

1. SELECT ONE:		
Learning/Literacy Project		
Title of Proposed Project:		
Or		
<b>Continuing Education Activity</b>	,	
Title:		
2. PERSONAL DATA:		
Name:		
E-mail Address:		
Phone:		
<b>3. TEACHING EXPERIENCE:</b> (Li Number of years of teaching e	st chronologically from most recent.) xperience:	
PLACE	POSITION	YEARS OF SERVICE

#### 4. \*CONTINUING EDUCATION APPLICANTS ONLY

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 LEARNING/LITERACY PROJECT or CONTINUING EDUCATION ACTIVITY:

Include goals and objectives, projected benefits, 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: How will you share information about your experience? Check all that apply.

- \_\_\_\_ write a brief article
- \_\_\_\_ present at the NC DKG State Convention
- \_\_\_\_ share in other educational settings. Describe \_\_\_\_\_\_

**9. REFERENCES:** Attach one letter of recommendation. Do not send separately. Reference should be written by someone who is familiar with and can speak with authority in support of the proposed project or continuing education activity.

#### **Contact information for reference:**

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 January 15.

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

#### (Sign Here)

**12. SUBMISSION:** Submit all Proposal materials, including Letters of Recommendation, **via email** to <u>pbrought123@gmail.com</u> and copied <u>ncdkgef@gmail.com</u>. 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 **January 31.** Proposals received after this deadline will not be considered in the spring granting cycle. Awards will be announced on or before **March 1.** 



# 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 Dr. Phyllis Broughton, pbrought123@gmail.com, and

## copy to ncdkgef@gmail.com by Januray 15.

Project /Activity Title:

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

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

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

- 1. Report the approximate number of people served by this study/project: \_\_\_\_\_
- 2. Attach a list of all expenditures with copies of receipts. Do not send separately.

3. DESCRIBE how your grant was actually used.

4. DESCRIBE your professional and personal growth experience by reflecting on what you have learned.