The North Carolina Delta Kappa Gamma Educational Foundation

Linda G. Richards Endowment Grant Proposal Form Spring 2024



The Linda G. Richards Endowment supports female high school volleyball coaches in North Carolina public schools by awarding grants which can be used to purchase volleyball equipment, to support professional development of coaches, and to support the operation of summer volleyball camps. A Richards Grant may not be used to purchase clothing or other items which are the responsibility of the school to provide. Grants may be used to fund attendance at coaches' clinics or other professional development activities related to coaching volleyball.

One grant, up to \$500, is available to be awarded.

Directions Checklist:

1. Proposal Form must be	complete	
•	al, one letter of recommendation. Do	not send separately.
3. The proposal must be erncdkgef@gmail.com, and rwill not be considered for the 4. If awarded a grant, the receipts, along with Self-Ev	nailed in WORD or PDF to pbrought12 eceived no later than January 31. Prothis grant cycle ecipient must submit a record of experaluation Form no later than January 1 st page of the Proposal Form, indicate	23@gmail.com and posals received AFTER January 31 riences and actual expenses with 5 following completion of activity.
2. PERSONAL DATA:		
Name:		
Mailing Address:		·
Email Address:		
Phone:		
•	NCE: (List chronologically from most re	ecent.)
Number of years of teaching/coach	ing experience:	
PLACE	POSITION	YEARS OF SERVICE
4. *Complete if proposal includes A. Name of organization offering t	1 CONFERENCE/CLINIC or other PROFES he proposed educational activity:	SSIONAL DEVELOPMENT:
B. Beginning date of proposed acti	vity (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 HOW THIS GRANT WILL BE USED Include goals and objectives, projected benefits, num a wider audience, innovative and/or collaborative aspace is needed.		
6. BUDGET: Total cost:		
Itemize projected expenses below or attach an itemiz report at the conclusion of the project or educational	•	
1	Cost:	
2	Cost:	
3	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.

(Signature)
11. YOUR SIGNATURE indicates acceptance of the conditions of the grant as indicated throughout the Proposal Form and by your responses herein.
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 <i>Self-Evaluation Form</i> no later than August 15 following the completion of the project or study.
Email:
Phone:
Mailing Address:
Contact information for reference: Name:
9. REFERENCE: 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.
share in other educational settings, example:
present at the NC DKG State Convention
write a brief article for publication

12. SUBMISSION: Submit all Proposal materials, including Letters of Recommendation, **via email** to pbrought123@gmail.com and copy to 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 **January 31.** Proposals received after that date will not be considered for the fall 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 pbrought123@gmail.com by January 15.

Project /Activity Title:	
Grant Recipient:	
Amount of Grant:	Date Grant received (m/d/y):
Date Self-Evaluation was submitted (m/d/y):	
1. Record the actual number of people involved/	/served:
2. ATTACH a list of all expenditures with copie	es of receipts. Do <u>not</u> send separately.
3. Describe how your grant was actually used.	
4. REFLECT on your study/project and DESCR	IBE the positive outcomes.