



EDUCATION GRANT APPLICATION

Introduction

Thank you for all you do to bring creativity and innovation to student learning!

Block 10

Please choose a category for your grant (. If your grant can be place in multiple categories, choose the one you feel best describes your grant)

Core Subjects

Unified Arts

A t hlet ics

Extra Curricular Activites

Building/ Classroom/ Technology

Social Emotional Well Being/ Diversity/

Inclusion M iscella neous

Technology

Technology Purchases

All technology purchases must meet Olentangy specifications, including equipment and vendors. Prior to grant, please review your request with Mona Rayburn (mona_rayburn@olsd.us) to ensure your technology eligible for district approval and to obtain a quote.

Technology requests that have not been reviewed may not be eligible for a grant.

Is this a technology grant request (includes hardware, software, and digital subscriptions)?

Yes

No

Does your request fit within the Olentangy approved curriculum and/or approved technology?

Yes

No

Have you verified your purchase with the Technology department?

Yes

No

What is your repair/maintenance/replacement plan?

Block 9

Curriculum

All grant requests that include a curriculum must be approved by the Olentangy Curriculum Department at the submission of the application . If you are requesting a grant that includes new curriculum please contact the Olentangy Curriculum Department at (740) 657-4055 .

Does your grant request include a new curriculum? (Includes digital and print subscriptions, computer programs, books)

Yes

No

Title and Applicants

Project Title

Primary Contact Information

First name

Last name

Building (s) / Location(s)

Grade(s)

Olentangy email (full address including @olsd.us)

SAMPLE

Cell number

Additional Applicants

Are there additional applicants involved in the grant application?

Yes

No

Applicant Information

Name

Building (s) / Location(s)

Grade(s)

Olentangy email

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Yes

No

SAMPLE

Applicant Information

Name

Building (s) / Location(s)

Grade(s)

Olentangy email

Add another applicant?

Yes

No

Applicant Information

Name

Building (s) / Location(s)

Grade(s)

SAMPLE

Olentangy email

Add another applicant?

Yes

No

Applicant Information

Name

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Add another applicant?

Yes

No

Applicant Information

SAMPLE

Name

Building (s) / Location(s)

Grade(s)

Olentangy email

Add another applicant?

Yes

No

Applicant Information

Name

Building (s) / Location(s)

Grade(s)

Olentangy email

SAMPLE

Project Impact

Project Impact

Number of students impacted:

Subject(s):

The project affects:

- 1 . a small group of students or one classroom
2. a grade level or team
- 3 . multiple grade levels, disciplines
- 4 . an entire building
- 5 . multiple buildings or the district as a whole

Previous Grant

Have you previously received an OEF Grant?

Yes

No

When did you receive the grant(s), and what were the project title(s)?

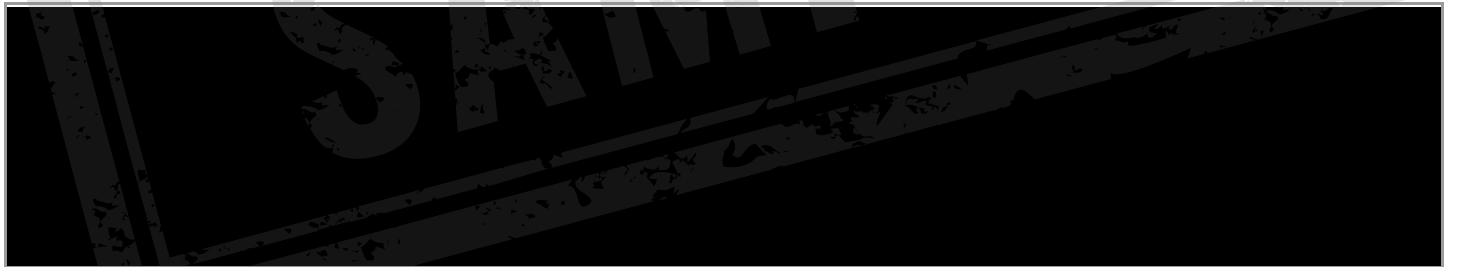
Project Details

Project Details

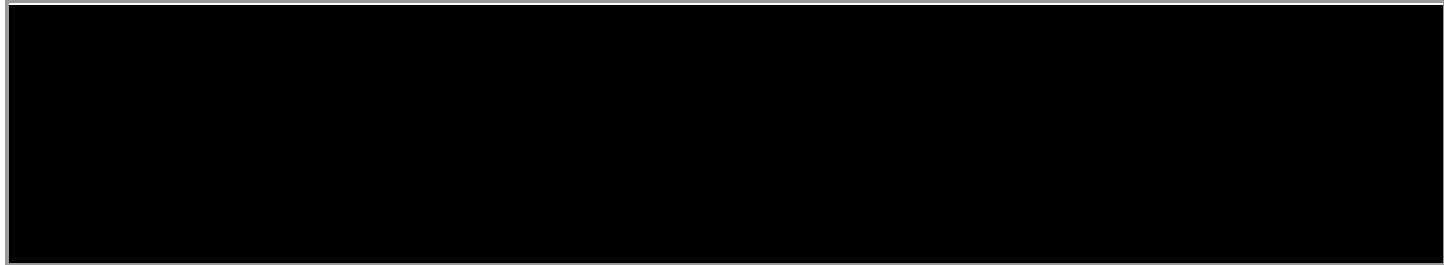
In 100 words or less, provide a brief description of your grant and the impact it will make on your classroom, school, and the Olentangy community. Please include your grant title, what is being purchased, and the highlights of your grant. (This description may be used on the Olentangy Education Foundation website and in media releases.)



Objectives



What do you want your students to gain from this experience?



What makes your grant request innovative and creative?



Provide information regarding supporting research and/or the origin of your idea.

Do all staff involved in the project have the training and/or qualifications to use the grant funds as intended?

Yes

No

If you answered no, please explain.

Do you or any other staff have a personal or professional relationship with the vendor(s) specific to this grant?

Yes

No

If you answered yes, please explain.

SAMPLE

Implementation timeline

How sustainable is your project?

- A. Short Term Impact - 1 year or less
- B. Medium Term Impact - 2 to 4 years
- C. Long Term Impact - more than 4 years

How will you evaluate meeting your objective? Explain what tools and methods you will use.

Links to the District Continuous Improvement Plan and/or Strategic Plan

CIP

(Select all that apply).

Benchmark 1: Achievement at or above projected performance levels

Benchmark 2: Facilitate a year or more of growth for every year of instruction

- Benchmark 3: Meet or exceed State's achievement and gap closing standards
- Benchmark 4: Top of State and Nation
- Benchmark 5: Graduates prepared for educational/vocational pursuit of their choice

Strategic Plan

(Select all that apply).

- Alleviate barriers to learning
- Expand community engagement and relationships
- Promote a culture of inclusive excellence
- Foster leadership and development
- Ensure mastery of learning
- Implement a digital conversion

Purchasing

Purchasing

Purchase

Description
(materials, equipment, supplies, speakers, consultants, etc.)

Vendor

Total Cost
(numbers only)

Add another purchase line?



Yes

No

Purchase

Description
(materials,
equipment,
supplies, speakers,
consultants, etc.)
Vendor

Total Cost
(numbers only)

Add another purchase line?

Yes

No

Purchase

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Vendor

Total Cost
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SAMPLE

Add another purchase line?

Yes

No

Purchase

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SAMPLE

V end or

Total Cost

Add another purchase line?

Yes

No

Pur c hase

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Total Cost

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Yes

No

Pur c hase

SAMPLE

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consultants, etc.)
Vendor

Total Cost

Add another purchase line?

Yes

No

Purchase

Description
(materials,
equipment,
supplies, speakers,
consultants, etc.)
Vendor

Total Cost

Shipping

As applicable, include shipping. Contact the vendor for assistance with determining shipping costs.

SAMPLE

Shipping amount

Purchases Comments

As applicable, upload your quotes. (If this is a technology grant application, you must provide a quote.)

Funds Requested

Funds Requested

Total OEF funds requested:

Total project cost:

Dollar amount of additional funding secured from other sources if OEF funds are granted:



If full funding is not available, what is the minimum dollar amount required to begin the project:

Source of other funds and/or attempts to secure other funds:

Funds Requested Comments

Administrator

Has your administrator reviewed your grant application?

Yes

No

Administrator's name and and full Olentangy email address.

First name

Last name

Administrator's
Olentangy email

Date

Prior to clicking the Submit button, take a few minutes to review your application. Once you click the Submit button you will not be able to edit your application.

SAMPLE

2024-25 OEF Education Grant Application

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