



# **Application Form** **COMMUNITY EDUCATION GRANT**

*Beta Nu Chapter, The Delta Kappa Gamma Society International*

Please answer each of the items below. Print or write legibly.

Note: This is for community education grants to non-profit agencies for educational projects serving people living in areas served by the Sequim and Port Angeles School districts, and under the direction of a qualified educator. No amount is guaranteed and funding is at the sole discretion of Beta Nu Chapter, The Delta Kappa Gamma Society International.

**Agency:** \_\_\_\_\_ **Non-profit number:** \_\_\_\_\_

**Agency director (name):** \_\_\_\_\_

**Title of proposed project:** \_\_\_\_\_

**Total cost of proposed project:** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

**Physical address/location of proposed project:** \_\_\_\_\_

**Name of educator implementing the project:** \_\_\_\_\_

**Contact information for this grant:**

Name of contact person: \_\_\_\_\_ Position of contact person: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

**Please attach the following:**

1. A cover letter which includes:
  - a. A brief (100-200 words) educational vision of the agency
  - b. The title of your project
  - c. A very brief statement that: 1) you agree to submitting a short follow-up report of how the organization met the goals of this project, and 2) you understand this follow-up report is due no later than one month after the conclusion of the project.
2. Project information:
  - a. Overall goal(s) of this specific project
  - b. Description of the project
  - c. Timeline (include whether it is a one-time or reoccurring project)
  - d. Completed form, "Line Item Breakdown," to include a description and breakdown of costs, including but not limited to:
    - i. Equipment
    - ii. Consumables
    - iii. Staffing
  - e. Funding received or expected from other sources
  - f. Numbers served
  - g. Cities of residency of those served
3. Resume of educator implementing the project
4. Completed form, "Organization Release Form for News and Media Recording," agreeing to media coverage

**Mail this completed application form and attachments:**

1. Postmarked on or before October 15 or May 15
2. To: Beta Nu Chapter, P.O. Box 2407, Sequim, WA 98382

***For questions, contact Louise Potter of the Community Education Grant Committee at 360-582-3066***

## LINE ITEM BREAKDOWN

<b>Line Item</b>	<b>Beta Nu</b>	<b>Your Organization</b>	<b>Total</b>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$

**Instructions:**

1. **Line Item Column:** Fill in a title and short description of each separate category of costs. Example costs might include staff time, transportation, consumable materials, and equipment. Make sure to include all costs including the value of volunteer time, just because you don't pay them does not mean their time is free.
2. **Beta Nu Column:** Fill in funds being requested from Beta Nu for the appropriate Line item. You may not be asking for money under each category.
3. **Your Organization Contribution (Match):** For each line item fill your organization contributing resources. Don't forget volunteers!!
4. **Total:** Add up your lines and columns.

Here is an example:

<b>Line Item</b>	<b>Beta Nu</b>	<b>Your Organization</b>	<b>Total</b>
<u>Substitute Teacher</u> – This teacher is used so the classroom teacher can be one of the adult mentors.	\$100 per day for 4 days = \$400	\$0	\$400
<u>Program Coordinator:</u> Planning, coordinating, and teaching.	100 Hrs. @ 20 per hour = \$2,000	25 Hrs. @ 20 per hour = \$500	\$2,500
<u>Program Support teacher:</u> Planning and teaching	20 Hrs. @ 15 per hour = \$300	20 Hrs. @ 15 per/hr. = \$300	\$600
<u>Transportation:</u> Bus and staff transportation	4 Days bus transportation @ \$150 per day.= \$600	60 @ .55 per mile = \$33	\$633
<u>Materials</u> – Printing and curriculum equipment.	\$0	\$600	\$600
Total	\$3,300	\$1,433	\$4,733

# Organization Release Form for News and Media Recording

I, the undersigned, do hereby consent and agree that The Delta Kappa Gamma Society International and Beta Nu Chapter, its employees, or agents have the right to print news (including electronic print by way of the Internet), use photographs, videotape, or digital recordings of me and/or our organization and persons participating in activities of our organization. I further consent that names and identities, and possibly phone number, mailing and/or electronic email address may be revealed therein by descriptive text or commentary. I do hereby release to The Delta Kappa Gamma Society International and Beta Nu Chapter, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. Examples include but are not limited to Internet websites.



I understand that there will be no financial or other remuneration for news, photographs and/or recording to me or the organization, either for initial or subsequent transmission or playback. I also understand that The Delta Kappa Gamma Society International and Beta Nu Chapter is not responsible for any expense or liability incurred as a result of my or our organization's participation in this photography and/or recording, news, or descriptive text or commentary, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am qualified and competent to execute this agreement.

Name of Representative of the Organization (Print full name): \_\_\_\_\_

Name of the organization: \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

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

Authorized signature for the organization: \_\_\_\_\_

**Please complete a consent for each participating person (attach additional copies as needed):**

I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name of participant (Print full name): \_\_\_\_\_ Date: \_\_\_\_\_ Phone \_\_\_\_\_

Address: (street, city, state, zip): \_\_\_\_\_

Name and Relation to subject if subject is a minor: \_\_\_\_\_ Signature: \_\_\_\_\_

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I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name of participant (Print full name): \_\_\_\_\_ Date: \_\_\_\_\_ Phone \_\_\_\_\_

Address: (street, city, state, zip): \_\_\_\_\_

Name and Relation to subject if subject is a minor: \_\_\_\_\_ Signature: \_\_\_\_\_

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I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

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