**Section IV – Required Application Information**

**Form 1 – GRANT APPLICATION RFA #2012-06**

|  |  |
| --- | --- |
| **OUS RFA #:** |  |
| **Oregon Public School District or Legal Entity operating school(s):** |  |
| **Address:** |  |
| **County:** |  |
| **School District Administrator (name and title):** |  |
| **Application Date:** |  |
| **Amount Requested[[1]](#footnote-1):** |  |

|  |  |
| --- | --- |
| **Project Contact:** |  |
| Title: |  |
| Address: |  |
| Phone: |  |
| Email address: |  |

|  |  |
| --- | --- |
| **Accounting Contact:** |  |
| Title: |  |
| Address: |  |
| Phone: |  |
| Email address: |  |

|  |  |  |
| --- | --- | --- |
|  | **Middle Schools** | **High Schools** |
|  | Gateway to Technology[[2]](#footnote-2) (GTT) | Introduction to Engineering Design (IED) |
| Program to be deployed (check one) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| School enrollment | Free/reduced Lunch % at school | Expected start date of first GTT or IED class | Number of students expected to participate in 2012-2013 school year |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Most recently reported race/ethnicity data for school (percentages):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White | African American / Black | Hispanic | Asian / Pacific Islander | American Indian / Alaskan Native | Multi-Racial / Multi-Ethnic |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| Name(s) of teacher(s) to be trained who will teach GTT or IED?[[3]](#footnote-3) | Email address |
|  |  |
|  |  |
|  |  |

**Table 1 PROJECT BUDGET Template**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Budget** | **Assumed Class Size** | **School Contribution** | **Grant Request** | **Total** |
| Registration fee for Core Training Institute (summer 2013) |  |  |  |  |
| Lodging/meals/travel for above |  |  |  |  |
| Lab items (please specify class size) |  |  |  |  |
| Equipment  |  |  |  |  |
| Software (list) |  |  |  |  |
| VEX GTT Robot Kits (middle schools only) |  |  |  |  |
| Total |  |  |  |  |
| Indirect Costs @ \_\_\_\_\_%[[4]](#footnote-4) |  |  |  |  |
| **Grand Total** |  |  |  |  |

|  |
| --- |
| Please give a brief description of how Project Lead the Way will be deployed in your school and district. If PLTW is implemented in other schools within the district, please describe how students progress within a pre-engineering framework. If this is the first implementation of PLTW, briefly describe your overall district implementation plan. Also describe briefly any linkages to teaching and learning of other subjects such as science and mathematics. |
| Please describe how you will ensure that students will have access to the PLTW curriculum regardless of gender, ethnicity or socioeconomic status. |
| Please describe briefly how you will monitor and assure the quality of the implementation of the program. |

|  |  |  |
| --- | --- | --- |
| I certify that the above information is correct and that I am authorized by the school district or non-profit corporation to submit this Grant Application. | Signature:Name (print): | Title:Date: |

**Form 2- Organization Commitment Form**

**RFA #2012-06 Project Lead the Way**

Legal Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our organization will commit to implement the project as described in this Application if it is accepted and funded.

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of authorized official Date

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

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

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

Mailing Address:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. From Section 1 Funding Structure – GTT middle school or IED high school [↑](#footnote-ref-1)
2. GTT Foundation Units: Design & Modeling, Automation & Robotics [↑](#footnote-ref-2)
3. Please include a biography or resume for each teacher to be trained [↑](#footnote-ref-3)
4. The fiscal agent may use no more than 5% of the requested funds for indirect costs. [↑](#footnote-ref-4)