**Form 1 – GRANT APPLICATION RFA #2012-07**

**Section IV – Required Application Information**

|  |  |
| --- | --- |
| **OUS RFA #:** |  |
| **Oregon Public School District or Legal Entity operating school(s):** |  |
| **Address:** |  |
| **County:** |  |
| **High School Principal (name and email address)** |  |
| **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: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Program(s) to be deployed** | Expected start and end dates | Number of students | Coach name(s) |
| FIRST LEGO League |  |  |  |
| FIRST Tech Challenge |  |  |  |
| FIRST Robotics Competition |  |  |  |
| Oregon Game Project Challenge |  |  |  |
| Lemelson-MIT InvenTeams |  |  |  |
| Design for the other 90 % |  |  |  |
| Marine Advanced Technology Education ROV |  |  |  |
| VEX Robotics Competition |  |  |  |
| Other:[[2]](#footnote-2)   |  |  |  |

**Table 1 PROJECT BUDGET Template**

Most recently reported race/ethnicity data for school

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Total School Enrollment | Free/reduced Lunch % at school | White % | African American / Black % | Hispanic % | Asian / Pacific Islander % | American Indian / Alaskan Native % | Multi-Racial / Multi-Ethnic % |
|  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Circle the eCHAMP Grant Year**  | 1 | 2 | 3 |
| ETIC funds available for registration, training, equipment, supplies and computer software | $4000 | $0 | $0 |
| ETIC funds for teacher stipend: | 50% of total stipend or $6000 whichever is less | 50% of total stipend or $6000 whichever is less | 25% of total stipend or $3000 whichever is less |
| School district responsibility: | Balance of costs | Balance of costs | Balance of costs |

|  |  |  |  |
| --- | --- | --- | --- |
| Coaching Plan[[3]](#footnote-3) | Name/email | Current teaching assignment | Expected annual stipend |
| Head Coach |  |  |  |
| Assistant Coach |  |  |  |
| Assistant Coach |  |  |  |
| **Total Stipends** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Teacher/staff stipends total (from Coaching Plan table above) | School/District Contribution | Grant Request | Total |
| **Total Stipends** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| First-Year Project Expenses  | School/District Contribution | Grant Request | Total |
| Teacher Training/Registration Fees:[[4]](#footnote-4)  |  |  |  |
| Competition kits: 16  |  |  |  |
| Computer software:16  |  |  |  |
| Computers (for programs where a computer is required and not otherwise available to teams): 16 |  |  |  |
| Other equipment: 16 |  |  |  |
| Other expenses:16  |  |  |  |
| **Subtotal of above First-Year Expenses** |  |  |  |
| **Stipend expenses (from table above)** |  |  |  |
| **Totals (Copy Grant Request to page 11 of this Application)** |  |  |  |

|  |
| --- |
| Please give a brief description of how eCHAMP will be deployed in your school. |
| Are other schools in your district deploying eCHAMP programs? If so, to what extent is your eCHAMP program connected to the others? |
| Please describe how you will ensure that students will have access to your eCHAMP program 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 #2012-07 Engineering Coaching and Mentoring Program (eCHAMP)**

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 page 13 - Total Grant Request [↑](#footnote-ref-1)
2. eCHAMP programs must be team-based with culminating events or competitions, and focused on Computer Science and/or STEM. [↑](#footnote-ref-2)
3. Please attach a brief biography for each teacher/staff member. Do not include home address. [↑](#footnote-ref-3)
4. Please indicate what will be covered by this budget line. [↑](#footnote-ref-4)