**PAGOSA SPRINGS ROTARY TEACHER MINI GRANTS—SEPTEMBER 2024**

 **WHAT IS THE MINI GRANT PROGRAM?**

The Rotary Teacher Mini Grant program awards a limited number of mini grants up to $400 for special classroom projects to individual teachers in preschool through twelfth grade in Archuleta County. The mini grant provides working capital to innovative teachers who want to develop new ideas to enrich the student classroom experience. The mini grants also provide funds to teachers for materials or projects that would not otherwise be available through the school district or for teachers that would otherwise have to use their own money to support them. Teachers may pool their money for greater student impact.

The ultimate goal is to provide benefit and/or to affect as many students as possible. Grant awards will provide for materials, equipment and other resources necessary to carry out a proposed project.

**WHO IS ELIGIBLE TO APPLY?**

Teachers preschool through twelfth grade in Archuleta County are encouraged to apply.

**HOW ARE THE AWARDS MADE?**

A panel of Rotarians reviews all applications evaluating them for innovation, benefit to students and clarity.

**APPLICATIONS ARE DUE on or before OCTOBER 4**. Applications are to be emailed to Carol Stuart, project chair, stuartcarol4@gmail.com Only use the attached fillable application. Please compose clearly, connecting the goals to the purchases and therefore how the students will improve their education. Hand-written applications are not acceptable.

\*This application is in Microsoft Word. You can cut and paste the application and/or evaluation page onto a new page to complete and attach the requested documents. Or you can enter on the application page, attach the documents, and send in the entire attachment.

**WHEN ARE THE AWARDS PRESENTED?**

The teacher, principal and district will be notified by email before October 10. The funds will be available through the district or school ordering and accounting**.**

**HOW IS THE EVALUATION DONE?**

Mini Grant recipients will be expected to complete written evaluations and budget expenditure reports upon project completion or **by JANUARY 21-24**. The evaluation form is attached and is to be emailed to stuartcarol4@gmail.com. If the evaluation is not completed, the writer cannot apply in the future.

**WHO SPONSORS AND FUNDS THE PROGRAM?**

The Rotary Club of Pagosa Springs sponsors the program. The funding comes primarily from the Rotary Club fund-raising activities.

**THE RULES GOVERNING THE GRANTS**

1. The grant may be up to $400.
2. The grant must reach as many students/teachers as possible.
3. The grant recipient must spend the money as outlined and report to the club as to the impact of the completed grant.

 (8/24)

**PAGOSA SPRINGS ROTARY TEACHER MINI GRANT**

**APPLICATION FORM**

**(Email to stuartcarol4@gmail.com by OCTOBER 4, 2024)**

**DUE DATE: OCTOBER 4, 2024**

**APPLICANT’S NAME:**

**EMAIL ADDRESS:**

**PHONE NUMBER:**

**SCHOOL NAME:**

**YOUR POSITION & SUBJECT AREA:**

**PROJECT TITLE**

**GRADE/S:**

**HOW MANY STUDENTS WILL BE SERVED:**

**AMOUNT REQUESTED:**

1. **How do you propose to use the money requested? How have you complimented this with other funds or free things? (Please include/attach specific budget information regarding what you will buy and costs with total.**

1. **Specifically, what curricular goals/measurements will be enhanced or supplemented by your purchases?**
2. **How will you know your purchases have achieved those goals?**

**By typing your name below, you acknowledge that your principal/director has reviewed and approved this application.**

**Your name:­­­­­­­­­­­­­­­­­­­­ DATE:**

(8/24)

**PAGOSA SPRINGS ROTARY TEACHER MINI GRANT**

**EVALUATION REPORT**

**(DUE BY JANUARY 21-24, 2025 AFTER IMPLEMENTATION OF GRANT)**

**(email to stuartcarol4@gmail.com)**

**Recipient’s name:**

**Email:**

**Phone number:**

**School:**

**Grade:**

**Project Title:**

1. **What did you buy with the funds? Provide detailed expenditures, including the total spent.**
2. **What evidence do you have that the students benefited and that your goals were met?**
3. **How many unduplicated students/families did the funding assist? Please be specific.**
4. **If something did not occur, please explain why.**

**By entering your name below, you acknowledge you have shared your achievement with your principal/director.**

**Recipient’s Name: Date:**

 **(8/24)**