

**The North Carolina Delta Kappa Gamma
Educational Foundation
Betsy & Fred Cranford Endowment Grant**



**Learning/Literacy Project or
Continuing Education for Professional/Personal Growth**

2024 Fall PROPOSAL FORM

This grant is available to educators in Burke or Caldwell counties. It covers a broad range of possibilities, including continuing education for professional and personal growth or projects for the advancement of learning and literacy. It may be used for projects to enhance learning/literacy in pre-school, classroom, school-wide, or community settings. It may also be used to further professional/personal growth through attendance at conferences, seminars, educational travel, and other educational activities. One (1) grant, up to \$1000, is available to be awarded in the fall 2024.

Directions Checklist:

- ___ 1. The Proposal Form must be complete.
- ___ 2. Include with the proposal, one (1) letter of recommendation. Do not send separately.
- ___ 3. If awarded a grant, the recipient must submit a record of experiences and actual expenses, with receipts, along with the *Self Evaluation Form* no later than **Aug 15 of the following year**.
- ___ 4. Email proposal, in **WORD** or **PDF**, to Dr. Phyllis Broughton, pbrought123@gmail.com , and copy to ncdkgef@gmail.com. Proposal must be received no later than **Sept 30** to be considered in this grant cycle.
- ___ 5. Checking each of these 5 items and your signature on the last page of the Proposal Form, indicates your acceptance of conditions of the grant as specified herein.

1. SELECT ONE:

Learning/Literacy Project

Title of Proposed Project: _____

Or

Continuing Education Activity

Title: _____

2. PERSONAL DATA:

Name: _____

Mailing Address: _____

E-mail Address: _____

Phone: _____

3. TEACHING EXPERIENCE: (List chronologically from most recent.)

Number of years of teaching experience: _____

| PLACE | POSITION | YEARS OF SERVICE |
|-------|----------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

4. *CONTINUING EDUCATION APPLICANTS ONLY

A. Name of organization offering the proposed educational activity: _____

B. Beginning date of proposed activity (mm/dd/year): _____

C. Ending date of proposed activity (mm/dd/year): _____

D. Will educational credits (i.e. CEU's) be offered? _____ YES _____ NO

If so, detail the credits expected to be earned: _____

5. DESCRIPTION OF LEARNING/LITERACY PROJECT or CONTINUING EDUCATION ACTIVITY:

Include goals and objectives, projected benefits, potential to reach a wider audience, innovative and/or collaborative aspects, and timeline. Use a separate attachment if more space is needed.

6. BUDGET: Total cost: _____

Itemize projected expenses below or attach an itemized budget. Grant recipients will also submit a financial report at the conclusion of the project or educational experience to show actual expenditures.

1. _____ Cost: _____

2. _____ Cost: _____

3. _____ Cost: _____

4. _____ Cost: _____

5. _____ Cost: _____

7. EVALUATION: Describe how you plan to evaluate the success of this activity, in addition to completion of the **required Self-Evaluation Form**. Include both qualitative and quantitative measures.

8. SHARING: How will you share information about your experience? Check all that apply.

write a brief article

present at the NC DKG State Convention

share in other educational settings. Describe _____

9. REFERENCES: Attach one letter of recommendation. Do not send separately.

Reference should be written by someone who is familiar with and can speak with authority in support of the proposed project or continuing education activity.

Contact information for reference:

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

10. PUBLICITY: Grant recipients are expected to furnish to the Foundation photos of their projects with consent from everyone in the photos for use in NC DKG publications and on websites. All publicity for grant projects must include reference to the North Carolina Delta Kappa Gamma Educational Foundation as a funding source. Copies of publicity items and photos are to be submitted with the Evaluation Form no later than August 15.

11. YOUR SIGNATURE indicates acceptance of the conditions of the grant as indicated throughout the Proposal Form and by your responses herein.

(Sign Here)

12. SUBMISSION: Submit all Proposal materials, including Letters of Recommendation, **via email** to pbrought123@gmail.com and copied ncdkgef@gmail.com . Do not submit items in separate mailings.

Applicant will be notified upon receipt of proposal.

DEADLINE FOR SUBMISSION: The proposal must be received no later than **September 30**. Proposals received after this deadline will not be considered in the fall granting cycle.

Awards will be announced on or before **November 1**.



The North Carolina Delta Kappa Gamma Educational Foundation Self Evaluation Form

MUST BE SUBMITTED FOLLOWING THE COMPLETION OF THE PROJECT OR STUDY

Attach additional sheets if needed to give complete answers.

Send all requested items with this form to Dr. Phyllis Broughton, pbrought123@gmail.com, and
copy to ncdkgef@gmail.com by **August 15**.

Project /Activity Title:

Grant Recipient: _____

Amount of Grant: _____ Date Grant received (m/d/y): _____

Date Self-Evaluation was submitted (m/d/y): _____

1. Report the approximate number of people served by this study/project: _____
2. Attach a list of all expenditures with copies of receipts. Do not send separately.
3. DESCRIBE how your grant was actually used.

4. DESCRIBE your professional and personal growth experience by reflecting on what you have learned.

Thank you for furthering education in North Carolina by completing this NC DKG
Educational Foundation-assisted project!