



Scituate Community
Of Resources for
Special Education

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SCITUATE C.O.R.S.E. FOUNDATION GRANT APPLICATION

Name of Grant:

Applicant Name and Position(s):

Email:

Sponsor's Name and Position:
(if different than applicant)

Email:

Date:

Total Amount Requested:

School:

Grade or Department:

Grant Category (check one):

- Research and Development
 Student Skill Enrichment

- Professional Development
 Other (specify):

Are you a member of the C.O.R.S.E. Foundation? Yes No
If not, would you like to become a member? Yes No

Project Goals and Detailed Description

What special education needs will the grant address? Describe your program and action plan, including specific goals and activities.

Gain for Scituate Public Schools

How will the grant contribute to the enhancement of special education programs provided by the Scituate school system?

Target Population and Estimated Number of Students to Benefit:

What is the student population that will be benefited by this program? What age levels and approximate number of students will be impacted?

Summary of Beneficial Impacts Addressed by this Grant:

Please check which of the criteria below are relevant to this grant and how the grant will achieve this beneficial impact. (Not all criteria may be applicable to your grant)

How?

<input type="checkbox"/>	The proposal is innovative	
<input type="checkbox"/>	The proposal is academic in nature	
<input type="checkbox"/>	The proposal involves curriculum development	
<input type="checkbox"/>	The proposal leads to improvement of teaching and/or learning	
<input type="checkbox"/>	The proposal provides enrichment for a significant number of students	
<input type="checkbox"/>	The proposal directly supports student activities in classrooms or other learning centers	
<input type="checkbox"/>	The proposal provides for involvement with the community of Scituate	
<input type="checkbox"/>	The proposal provides for activities over and above what is covered by the school budget (i.e. expanding or improving current level of services)	

Measurement and Evaluation Criteria to Assess Outcomes:

What data will you collect to evaluate progress and assess the impact of this program?

Determine baseline data measurements that can be used to evaluate improvement in end-of-program outcomes. (Examples of measurement tools could include: appropriate performance/skill evaluation criteria, student or professional assessments, surveys)

Implementation Plan with Dates, including Estimated Completion Date:**List of the People Involved and their Positions:****Itemized Budget Request, including Breakdown of Expenses:**

Outline your itemized budget request, including specific personnel and non-personnel expenses. Please provide evidence of the sources and formulas used to calculate cost estimates and how you will obtain a fair price for services. There are standard rates for after-school programming in regards to program management, faculty and aide salaries; contact Tracy Johnston at (781) 545-7736 or corsefoundation@comcast.net for these rates.

Attach all supporting documentation to this application.

Application Approvals:**Principal:****Date:**

My signature as principal verifies that I have reviewed this application and am in full support of it. If this is a programming request, I agree to assist the applicant with location, hiring and payroll needs. If this is an equipment or supply request, I understand that CORSE will pay for all supplies and servicing for the current year of this grant. Any ongoing maintenance or materials required will become the school's responsibility to assure the equipment remains functional for at least three years. For more information, please contact CORSE for the Ongoing Maintenance Needs Policy.

Office Use Only : Assigned C.O.R.S.E. Grant Number _____

Director of Special Education Signature: _____

Date: _____