



DANA BROWN MINI-GRANT APPLICATION

2011-2012 School Year

Introduction

Each year, the Special Education Foundation provides SSD teachers with funds to implement innovative educational projects through the Dana Brown Mini-grant program. All information must be submitted according to the order outlined in this mini-grant application. Please do not send catalogs or videotapes with your application. Submission of application does not guarantee funding.

Please complete the information on the form and mail to: **Diane Buhr, Executive Director, SEF Dana Brown Mini-grant Program, Special Education Foundation, 10176 Corporate Square Drive, Suite 100, St. Louis, MO 63132. Applications must be postmarked by January 30, 2012. A copy of this application must be sent to your Area Coordinator/Principal.**

Mini-grant Guidelines

- **You must be a teacher employed by the Special School District of St. Louis County.**
- Funding availability or committee discretion may result in partial funding. Please indicate if partial funding would prohibit implementation of the project or program. Grants typically range from \$200 to \$3,000.
- Projects that show innovation and enrich the skills of students will be given the greatest consideration. Programs that can be replicated in other locations also will be given favorable consideration.
- The Irene Orlando Fund for Children with Autism will not provide funding for: transportation, standard textbooks, conference attendance, training, computers/assisted technology, computer software, or grants that are duplicates of existing special education or technical programs.

APPLICATIONS MUST BE POSTMARKED BY JANUARY 30, 2012.

A COPY OF THIS APPLICATION MUST BE SENT TO YOUR AREA COORDINATOR/PRINCIPAL.

PLEASE ATTACH SIX COPIES OF YOUR MINI-GRANT FOR THE COMMITTEE.

QUESTIONS? Call Diane Buhr at 314-567-8100 or e-mail Diane at dibuhr@aol.com.

DO NOT WRITE ON BACK OF APPLICATION.
ATTACH ANOTHER SHEET IF NECESSARY.

DANA BROWN MINI-GRANT APPLICATION

PART I: APPLICANT INFORMATION

Name(s) _____

Home Address _____

Street City State Zip

Position _____

School _____ District _____

Students' Ages _____ SSD voice mail _____ E-mail _____

Home Phone () _____ Work Phone () _____

Applicant Signature _____ Date _____

APPLICANT INFORMATION (if more than one applicant)

Name(s) _____

Home Address _____

Street City State Zip

Position _____

Students' Ages _____ SSD voice mail _____ E-mail _____

Home Phone () _____ Work Phone () _____

Applicant Signature _____ Date _____

APPLICANT INFORMATION (if more than one applicant)

Name(s) _____

Home Address _____

Street City State Zip

Position _____

Students' Ages _____ SSD voice mail _____ E-mail _____

Home Phone () _____ Work Phone () _____

Applicant Signature _____ Date _____

PART II: MINI-GRANT INFORMATION

1. Mini-Grant Title: _____

DANA BROWN MINI-GRANT APPLICANT NAME _____

2. **Project Description:** _____

3. **Itemized Project Budget:**

(A) **List proposed expenditures** _____

(B) **Total Amount Requested:** _____

Would partial funding prohibit implementation of the project of program? Yes _____ No _____

Will partial funding be refused by the applicant? Yes _____ No _____

(C) **Outline steps to implement the grant, including a schedule for using the funds:**

4. **Describe the student population(s) which will benefit from this project:** _____

5. **Explain the preparations that were involved in developing the project:** _____

6. List the methods you have included in your plan to evaluate the effectiveness of the project:

7. Illustrate how this project relates to current trends in special or technical education: _____

8. If the project can be replicated at other sites, please explain how this can be accomplished:

9. Have you been the recipient of a Special Education Foundation grant in previous years? _____

If yes, did you complete and return the feedback forms? Yes _____ No _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

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