Educational Enrichment Award Application

Types of awards: (*Your project budget will determine the type of award. Circle the appropriate number below.)*

1. **Expedited Awards** *(Budgets of $1 to $500)*: Decisions are usually made at the Board meeting following receipt of the application. Applicant must complete all parts of the application.
2. **Board Review Awards** *(Budgets of $501-$1,500)*: These applications take more time to review. Applicant must complete all parts of the application with a detailed narrative, emphasis on numbers 3, 4 and 5.
3. **Special Educational Projects** *(Budgets over $1,500)*: Applications must include all of the items (1-7) listed below and may require that you meet with the FOSD Board members to discuss a more detailed process and to find an appropriate funding source. Funds for these awards may not be available earlier than 6 months to a year after the request is submitted.

Application of 2-3 pages to include: (RED *numbers are possible point values from FOSD scoring*)

1. **Narrative (20)**: A brief summary/narrative stating the name of your project, describing what it entails, and indicating how it matches the purpose of FOSD and at least one FOSD initiative.
2. **Project Purpose, Goals and Objectives (15)**: Explain how your project fits with the goals and objectives of OSD School Improvement Plan. Tell how research and/or best practices support your proposed project.
3. **Project Benefits (15)**: Identify how your project meets a need at OSD. Provide the number of OSD students your project will benefit, and tell how these students will benefit.
4. **Evaluation (15)**: Describe how you will measure, and report to Friends of OSD, the educational benefits/improvements/enhancements of this award.
5. **Proposed Budget (15):** Provide an itemized budget and list any other efforts you have made to obtain funding and the amounts from other sources.
6. **Timeline (10):** Include beginning and ending dates and when major activities will occur. Indicate when FOSD funds are needed and amount(s).
7. **Reporting and Accountability (10):** Describes who would be responsible for reporting, and who would be accountable to FOSD for overall award.

Sign below and obtain your direct supervisor's and OSD Director's signatures

_____	____/____/_____	_____
Signature of OSD employee applicant	**Date**	**Email/Phone**

My signature below indicates my awareness of the Award Application. I understand that I am invited, but not required, to attach comments expressing my support, concern or opposition. I also believe that there is no source of income for this project other than that mentioned in the application, and that funding by Friends of OSD would not supplant State funding responsibilities.

_____	____/____/_____	_____
Signature of OSD employee's supervisor	**Date**	**Email/Phone**

_____	____/____/_____	_____
Signature of OSD Director	**Date**	**Email/Phone**

Mail this signature sheet and the complete original application to:

Friends of OSD PO Box 15053 Salem, OR 97309

Send an electronic copy (scanned version preferred) to

char.iliff@gmail.com