OEA Member

Barb Drennan Promising Practices Grants





The Barb Drennan Promising Practices Grants provide an opportunity for UniServ Councils to support student learning and the professional development of OEA members in their local associations.

ELIGIBILITY Active OEA members are eligible to apply.

DEADLINES & INSTRUCTIONS

- The Barb Drennan Promising Practices Grants program runs from September 30 April 30 of each academic year.
- Each UniServ Council sets the grant submission deadline for its local association members. Contact your local UniServ office to confirm this date. Check the OEA office directory for contact information at http://www.oregoned.org/our-association/contact-us/locations
- Please complete and print the interactive grant application form on the OEA website at <u>www.oregoned.org/grants</u>. This link also provides the option to download the form onto your own computer.
- <u>Submit grant application to your local UniServ office for evaluation by the Council. They will notify grant winners and issue award checks.</u>

SUBMISSION REQUIREMENTS

Part 1:	Complete cover sheet
Part 2:	Complete narrative
Part 3:	Complete lists of unit and total cost (see F below)

NARRATIVE -

All Grants MUST have Narrative A-F below completed or applications will NOT be accepted.

- Answer the following questions using the <u>headings</u> below.
- Attach completed Narrative with Grant Application and return to UniServ Office.

Α.	Improving Student Achievement: What specific need will you address to improve student achievement?
В.	Implementation: How will you use the grant to meet your goals?
C.	Assessment: How do you plan to assess progress toward meeting your project goals?
D.	Research: Explain/provide data and/or research that supports the anticipated positive results of your "practice."
E.	<u>District Support:</u> Has your school district been approached for financial support, and if so, what was the response?
F.	Cost Summary: Applications MUST Include:
	 a complete list of requested items, and
	 unit and total costs

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MEMBER APPLICATION COVER SHEET (Attach to Front of Narrative Application)

MEMBER INFORMATION DATE OF APPLICATION:

OEA Member's Name:					
Home Street Address:					
City, State, Zip:					
Cell Phone Home Email:					
Occupation / Work Title:					
Work Street Address:					
City, State, Zip:					
Work Phone: Work	Email:				
GRANT INFORMATION					
Project Title:					
Project Site:					
Street Address					
City, State, Zip:					
Phone:					
Funds Requested: \$250 \$500	If unsure, please check with your local UniServ office				
LOCAL ASSOCIATION					
Name (No initials please)	Education Association				
NUMBER OF STUDENTS SERVED IN PROJECT					
Preschool/Elementary Midd	le/Junior:				
High School Post-S	Secondary				
YEAR END SUMMARY GRANT - TERMS OF AWARD This application MUST be submitted to your Local UniServ Office. (http://www.oregoned.org/our-association/contact-us/locations)					
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1. I agree: To use the funds during this school year as in					
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