



TITLE OF PROPOSAL: _____

NAME OF APPLICANT(S): _____

SCHOOL: _____

Grades and/or Department(s) _____

PHONE: _____ (home) _____ (work)

E-MAIL ADDRESS: _____

Principal's Signature: _____

Date: _____

Please send original to:

Pamlico County Board of Education

507 Anderson Drive

Bayboro, NC 28515

Copies of your application will be forwarded to the PCEF.

ACTION TAKEN BY REVIEW COMMITTEE: Date: _____

Approved Full funding _____ Partial funding _____
(amount) (amount)

Not Approved

Comments:

PROJECT DESCRIPTION

TITLE OF
PROJECT: _____

NUMBER OF STUDENT TO BE SERVED BY THIS PROJECT: _____

TARGET POPULATION: SUBJECT _____ GRADE LEVEL _____

BUDGET REQUEST: \$ _____

GENERAL DESCRIPTION

SPECIFIC ACTION: Describe the specific observable act that the learner is to perform. Use action words or verbs to indicate clearly what is to be performed by the student. These can include Simple Tasks (such as *describe, discriminate, recall, underline*, etc.); Study Skills (such as *categorize, diagram, quote, sort*, etc.); Synthesis Skills (such as *propose, rearrange, rephrase, expand*, etc.); or general applications as in the arts and sciences (such as *draw, mend, mix, sculpt, express, respond, verbalize, graph, weigh, calibrate, disagree, agree, participate, interact*, etc.)

INSTRUCTIONAL OBJECTIVES: Describe the expected project performance; the anticipated result of the student's observed behavior. Why do you feel that these outcomes are important?

CONDITIONS & EQUIPMENT: Specify conditions under which this (these) behaviors will be observable. List materials the student can use, time limits imposed, or other limiting conditions. Indicate if you will include Alternative Delivery Methods (such as interactive video, computer assisted instruction; self-paced instruction, etc.)

EVALUATION: Describe the standards of performance and criteria that will be used to evaluate the success of the project (i.e, given 15 multiplication problems, the student will correctly calculate the answers to at least 12 problems.) If you feel that such objective criteria are not appropriate for this particular project, what subjective criteria do you propose to use to evaluate outcomes? What degree of validity and reliability do you anticipate from these subjective criteria?

DETAILED BUDGET REQUEST

List Each Item Separately with Approximate Cost:

TOTAL:	

ADDITIONAL FUNDS: (Please explain if additional Funds are Available to you and list the sources of these funds.)

PARTIAL FUNDING: Please indicate here if you will **not** accept PARTIAL funding on this project.

Should this Mini-Grant proposal be funded, the undersigned accepts responsibility for fulfilling the objectives identified above.
