



**2010 Montana PTA Literacy to Leadership “pilot” program APPLICATION**

**Eligibility Criteria:** To be considered for pilot program, must be a local unit in good standing.

**Program Direction:** Direction and technical assistance for this program is provided by representatives of the Board. An advisory committee, whose members are representatives of the Board, provide assistance with the review of applications.

**Application deadline:** January 5, 2011

**Please direct all applications to: Montana PTA, PO Box 1269, Laurel, MT 59044**

**Notes:**

\* = Indicates a required field

= Represents a check box. To check the check box, double click the box and click “checked.”

**\*Name your application:**

(Example: Kennedy Elementary PTA – Literacy to Leadership “pilot” program)

**Contact Person Information** (PTA contact person for this “pilot” program application)

This information will be used as the **primary method** of contacting your PTA local unit about this application. This address is where materials will be mailed.

\*First name

\*Last name

\*PTA position (e.g. President)

\*Address

\*City

\*State

\*ZIP

\*Telephone

Alternate telephone (e.g., cell phone)

\*E-mail (that is checked regularly)

**PTA Information**

\*Official PTA/PTSA name (Recognition will be issued in this name)

\*PTA ID Number

PTA website address

\*Number of members in local unit

**PTA President Information**

The PTA president will be the **back-up contact** in regard to this application.

\*First name

\*Last name

\*Telephone

\*E-mail

**School Information**

\*School name

\*Total school enrollment:

\*The school is (select one):

Elementary

Middle/Junior

High

Other \_\_\_\_\_

\*Does your school receive Title I funds?

Yes

No

\*Grades served at the school:

\*Percentage of students eligible for free or reduced-priced lunch: \_\_\_\_%

\*Percentage of students who are:

- Hispanic/Latino: \_\_\_\_%
- Black or African American (including Africa and Caribbean) : \_\_\_\_%
- American Indian or Alaska Native (including all Original Peoples of Americas) : \_\_\_\_%
- Asian (including Indian subcontinent and Philippines) : \_\_\_\_%
- Other minority (please specify) : \_\_\_\_%
- White (including Middle Eastern) : \_\_\_\_%

Describe any conditions particular to your school that affect student learning (e.g., transient population, military families, transportation issues, etc.) (500 characters maximum, including spaces).

\*The school is (select one):

- Urban (about 30,000 to 75,000 people)
- Town (about 3,000 to 30,000 people)
- Rural (fewer than 3,000 people, away from a city center)

### **General Information**

\*How did you hear about this pilot program opportunity? (please check all that apply)

- Montana PTA Convention
- Montana PTA e-newsletter
- montanapta.org
- Other (please specify) \_\_\_\_\_

### **Application Narrative**

Answer the following questions about your proposal.

*Tip: Each section includes a maximum limit of characters that may be submitted in that section. To count characters, use the Word Count function in Microsoft Word or another similar tool.*

#### **Need**

\*Describe the need in your community that your program proposal meets. (1000 characters maximum, including spaces)

#### **Description of Program\***

\*Describe the proposal and how it will address the need articulated above. (1000 characters maximum, including spaces)

\*Describe the geographic area to be served (e.g., school, district, community) and the demographics of that area. (500 characters maximum, including spaces)

\*Describe any new or innovative approaches that will be used. (500 characters maximum, including spaces)

\*Describe any partnerships that will contribute to the proposed program. (500 characters maximum, including spaces)

\*Describe how this program will strengthen family engagement. (500 characters maximum, including spaces)

\*Describe how this program will support student success. (500 characters maximum, including spaces)

### **Timeline**

\*Please detail a timeline for implementation of the proposed program, noting the (1) activities, (2) responsible parties, and (3) month and date for each activity to be completed. Please include specific dates the program will begin and end. (1000 characters maximum, including spaces)

### **Expected Outputs (Results)\***

\*What is the total number of children (ages 0-18) that will be served through this program?

### **Outcome (Impact)**

\*Describe the goals of the proposed program. (500 characters maximum, including spaces)

\*Describe the outcomes expected from the program. (500 characters maximum, including spaces)

\*Describe the plan to measure the changes in knowledge, behavior, and/or attitudes of students, parents, and/or families as a result of the program (e.g., evaluation to find out if parents learned something new, pre- and post-program survey). (500 characters maximum, including spaces)

**Evaluation:** Photographs of the project (along with photographic releases) are appreciated

### **Budget**

\*Total Amount needed to pilot program:

\*Provide a budget detailing the expenses and the amount needed for those expenses. (1000 characters maximum, including spaces)

### **Budget Narrative**

\*Provide a brief narrative describing the expenses outlined in the budget above. (1000 characters maximum, including spaces)

**Submit Your Proposal\***

By submitting this Montana PTA Literacy to Leadership pilot program proposal, I attest that the information provided is accurate and correct. I understand that providing incorrect information may affect the consideration of this application. If selected as an award recipient, I agree to use the materials for the proposed Montana PTA program as outlined in this application.

With the awarding of materials, all liability for use of materials and the materials purchased transfers to the local community. Field trips and other outside activities associated with this pilot program must be carried out with the school's knowledge and approval, and the local unit will assume any liability related to each event, chaperones, student conduct, etc.

Please click "I Agree" to acknowledge you have read the statement above, and agree to the terms defined. Please type your name here:

\*Name:

\*I Agree