



## Danville Public School Foundation Classroom Grant Application

*Please use this grant application or a facsimile.  
A Word Document of this application is available by  
contacting the Foundation Office.  
Use additional pages if necessary.*

Grant Number

1718-02

This number will be assigned by the Foundation.

Date received: \_\_\_\_\_

Committee Action: ApprovedBoard Action: Approved 7/12/17

<b>Your Name:</b> MaryEllen Bunton	<b>Phone:</b> 444-1086 Cell:
<b>Email:</b> buntonm@danville118.org	<b>School:</b> District Offices
<b>Grant Name/Project Title:</b> Solar Eclipse	<b>Grade Level:</b> K-12
<b>Curriculum Area:</b> Science	<b>Date:</b> 6/26/17
<b>Budget - include TOTAL amount requested:</b>	<b>\$2625.00</b>

**Please use as much space as needed to explain your program and why it is important that this project be funded.**

**1. SUMMARY** (Summarize the purpose of the project/program, including the student need it addresses.) A rare solar eclipse will occur on August 21<sup>st</sup>. Our region is in a great spot to witness this event. While solar eclipses happen regularly, our opportunity to see them happens much less frequently. The last time we were able to view one, many of our teachers were beginning teachers or still in school themselves.

**2. POPULATION SERVED** (How many students will be served by this project/program? Please do not just list "entire school", we prefer the actual number of students.) All District 118 students-approximately 6,000.

**3. OBJECTIVES** (How will this project/program enhance or support your current practices? **How does this project provide enhanced educational opportunities for the students that are beyond the basic curriculum offering?** (Please be specific.)

1. Understanding a solar eclipse falls under each level's standards in science.
2. Participating in this event as a district community shows the importance of science in education.
3. Teaching students how to safely watch a solar eclipse is of great importance.

**4. ACTIVITIES** (What will students do? Please be specific.)

Teachers will be provided with background and sample lesson ideas for their particular grade level. Students will be provided glasses to safely observe the eclipse.

**5. TIME LINE** (What steps will you take to put your grant in action? What is the timeline for each step? Include start date and completion date.)

July: Order supplies and prepare materials for each building

Early August: Provide stakeholders with information about the eclipse.

August 21: Implement lesson plans and observe eclipse

**6. BUDGET** (Please attach a detailed summary of the expenses. Below please provide total numbers by area listed. If the project/program extends beyond the funding of the grant, how will you support it? Use as much space as needed.)

Materials and Supplies (be specific, include vendor if possible)

Equipment List and Pricing (be specific, include vendor if possible)

Other (be specific, include vendor if possible)

Shipping:

ITEM	VENDOR	AMOUNT
Safety glasses for solar eclipse	American Paper Optics	\$2625.00

- If partial funding is provided by the Foundation what other resources are available to fund the balance of this project? NA

- If only partial funding is available, what are the highest priority items to be funded? NA

**7. ASSESSMENT** (How will you monitor the project/program? How will you measure its success? How will you share the results?)

Student and staff feedback and stakeholder comments

**8. PRIOR EXPERIENCE** (What experience have you had with this project or program? Or, do you know of another teacher or school district's experience with it? Please describe.) As a beginning science teacher and student I have participated in two solar eclipses that I can remember.

**9. Additional information:** (Feel free to add any additional comments, brochures, flyers or other support information.)

*DPSF requests all approved grant recipients to identify their project/program as being funded by DPSF and publicize DPSF to parents and to the community at large. Approved grant recipients are required to submit a report once their grant funds have been expended, no later than the end of the current school year. If requested, you will provide a presentation summary describing the project/program and its outcome. The presentation should be in a format appropriate for DPSF use. Funds are to be used for their intended purpose only. Unused funds are to be reported and returned to the DPSF.*

If awarded I agree to abide by the conditions of the grant.

Signature: \_\_\_\_\_

*Maupellen Barton*

Date: 6/26/17

**Principal Support:** I have read this proposal and will support its implementation. It is compatible with our school policies, but cannot be funded within our current budget.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Technology Department Review:** I have read this proposal and my comments \_\_\_\_are / \_\_\_\_ are not attached. (In the absence of comments it is assumed that the Technology Department has no objection to the purchase. Comments could include support of the project and suggestions of alternate equipment.)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Superintendent's Review:** I have reviewed this proposal and it is compatible with the District's policies. Currently there is not funding available for the proposed program/project.

Signature: *Cecilia Seddis* <sup>SH.</sup> Date: 6/26/17