

NCTM STUDENT AFFILIATE Grant Deadline: Postmarked by May 1, 2020

2020–2021 Guidelines

The **Student Affiliate Grant** is an award up to \$2000 for an exceptional grant proposal.

Purpose

The Mathematics Education Trust (MET) Board of Trustees, based on the recommendation of the Membership and Affiliate Relations Committee (MARC), awards this grant to an NCTM Student Affiliate. The purpose of the MET-funded grant is to support efforts of Student Affiliates to serve mathematics teachers by—

- supporting the Strategic Framework of the National Council of Teachers of Mathematics and the goals of the Affiliate;
- promoting creative projects that help make NCTM and its Affiliates be more visible to the public and educational partners; or
- building membership and revenues.

Criteria

Applications will be judged based on the following criteria:

- Is the Affiliate “In Good Standing”
- This project addresses a significant need in your mathematical community.
- The project addresses an NCTM Strategic Framework.
- The project is creative or innovative.
- The goals, objectives, activities, and implementation plan of the project are clear.
- Criteria for assessing the effectiveness and impact of the project are included.
- The grant application is complete, including a DETAILED itemized budget.
- The project is cost-effective for the number of participants and its potential impact.
- The proposal includes a statement that the final report for the grant will be submitted upon completion of the project. (Failure to provide a final report will result in the request for reimbursement of grant funds.)
- The president’s signature is on the application.
- The Grant Contact signature is on the application.
- The application indicates how NCTM support will be acknowledged.
- The proposal includes how the Mathematics Education Trust will be acknowledged for its contributions.

Notes to Applicants

- The deadline for applications will be strictly adhered to in order to support thoughtful and timely committee consideration.
- Applicants must agree to submit the Grant Final Report Form (available online in the Affiliate section of the NCTM website) upon completion of the project. Failure to provide a final report will result in the request for reimbursement of grant funds.
- Applications for repeat projects by the same Affiliate will not be considered.
- Applications will not be considered for activities that have already commenced or occurred.
- Affiliates will need to repay any funds not used for the proposed grant project.
- “Grant Writing Guidelines and Tips” and a scoring rubric are available online in the Affiliate section of the NCTM website.
- Your MARC representative can assist with the application process by providing feedback and suggestions. Please take advantage of this service by contacting him/her well before the application deadline.
- Consider using NCTM materials when possible.



1906 ASSOCIATION DRIVE | RESTON, VA 20191-1502
TEL: (703) 620-9840, ext. 2104 | FAX: (703) 476-2970
AFFILIATES@NCTM.ORG | WWW.NCTM.ORG

NCTM STUDENT AFFILIATE Grant Deadline: Postmarked by May 1, 2020

2020–2021 Application

Please refer to the 2020–2021 Student Affiliate Grant Guidelines when completing this application.

TITLE OF PROJECT: _____

Application Date: _____

Affiliate Name: _____

Start date of project: _____ Completion date of project: _____

GRANT CONTACT PERSON

AFFILIATE PRESIDENT

Name: _____ Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Fax: _____ Fax: _____

E-mail: _____ E-mail: _____

Affiliate Office Held: _____

Send correspondence to GRANT CONTACT PERSON AFFILIATE PRESIDENT

Membership and Affiliate Relations Committee (MARC) Regional Representative: _____

Grants will be awarded based on the following components: Answer the following questions on separate paper. Label each answer. (See the attached Scoring Rubric.)

- AFFILIATE STATUS** Is your Affiliate In Good Standing?
- RATIONALE** What need is to be addressed? What NCTM Strategic Framework does the project address?
- GOAL(S)/OBJECTIVES** What are the goal(s) and objectives of this project?
- DESCRIPTION** What are the components and implementation plans for this project? Include a timeline describing when the activities of each project will occur. How is the project creative or innovative?
- IMPACT** How will this grant impact targeted participants and those influenced by targeted participants? What is the project scope of the targeted participants and people influenced by them (grade levels, demographics, etc.)?
- EVALUATION** What criteria/data will be used to assess the effectiveness and impact of this project? For example, Affiliate could use interviews, checklists, questionnaires, etc., for evaluation purposes.
- BUDGET** Attach a budget (maximum \$2000) indicating all anticipated expenses and revenues, as well as any other source(s) of funding for this project such as cost sharing by the Affiliate, if applicable. Budget items must not include food or drink. Show how the project is cost-effective for the number of participants and its potential impact. Make sure this document includes an explanation of expense assumptions or estimations to support the stated budget.
- ACKNOWLEDGMENTS** Include how the Mathematics Education Trust (MET) will be acknowledged for its contribution. Indicates how NCTM support will be acknowledged.
- FINAL REPORT** Include an agreement to provide a final report upon completion of the grant.

Send your completed proposal to NCTM Headquarters, attention Affiliate Relations by postal mail to the address below or email affiliates@nctm.org. The proposal must be postmarked or email marked no later than May 1, 2020, for consideration.

GRANT CONTACT SIGNATURE

AFFILIATE PRESIDENT SIGNATURE

Date: _____ Date: _____

NCTM AFFILIATE GRANTS

Scoring Rubric

Grant #: _____

GRANT CATEGORY: Cummins/Partner Associate Affiliate Student Affiliate

Affiliate: _____

Affiliate Status (Affiliate must be In Good Standing): _____

Grant Contact Person: _____

Membership and Affiliate Relations Committee (MARC) Representative: _____

		Required Criteria:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	President's signature
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grant contact's signature
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Application indicates how NCTM support will be acknowledged
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Includes agreement to provide a final report upon completion of grant
All of the above must be present for the grant application to be further evaluated		

	Score
1. Rationale	
A. Clearly stated need that is to be addressed (maximum 5 points)	
B. Advances an NCTM Strategic Framework and/or <i>Principles to Actions</i> (maximum 5 points)	
2. Description	
A. The goals, objectives, activities, and procedures are complete and clearly stated (maximum 10 points).	
B. The methodology is appropriate to achieve the stated goals (maximum 5 points).	
C. A clear, achievable, and complete timeline is provided (maximum 10 points).	
D. Includes a description of how the Mathematics Education Trust (MET) will be acknowledged for its contribution (maximum 5 points)	
E. Innovation and creativity (maximum 5 points)	
3. Impact	
A. Potential impact and project scope on targeted participants and those influenced by targeted participants. (maximum 10 points).	
B. Potential to build NCTM and/or Affiliate membership (maximum 5 points)	
4. Project Evaluation and Dissemination	
Includes criteria to be used to assess the effectiveness of the project (maximum 10 points)	
5. Budget	
A detailed budget is included with details of anticipated expenses and revenues, and other sources of funding for the project, if applicable; budget does not include expenses for food or drink (maximum 10 points).	

TOTAL EVALUATION SCORE: _____ (80 possible points)

STRENGTHS: _____

WEAKNESSES: _____

EVALUATOR: _____

Final Committee Evaluation and supporting comments:	<input type="checkbox"/> Approve <input type="checkbox"/> Reject <input type="checkbox"/> Approve Conditionally
If approved conditionally, list what needs to be done to be approved:	

Date Approved: _____

Maximum Amount: _____

Report Due Date: _____



NATIONAL COUNCIL OF
TEACHERS OF MATHEMATICS

1906 ASSOCIATION DRIVE | RESTON, VA 20191-1502
TEL: (703) 620-9840, ext. 2104 | FAX: (703) 476-2970
AFFILIATES@NCTM.ORG | WWW.NCTM.ORG