

**ALPHA DELTA STATE OHIO EDUCATIONAL FOUNDATION**

**INDIVIDUAL/CLASSROOM/COMMUNITY PROJECT FUND**

**PROJECT FUND PURPOSE**

To provide up to five hundred dollars ($500.00) in financial support for educational projects that fund targeted learners in non-profit settings and community based projects

**SUBMISSION REQUIREMENTS AND GUIDELINES**

1. Project Applications may be submitted any time.

a. The Project Leader will be notified by email when the application is received.

b. A letter of approval or denial of the application will be sent following a meeting of the ADSOEF Educational Services Committee.

1. If the project is accepted, the Project Leader must sign, date and return the Certification of Acceptance form within ten (10) days of the acceptance and return to the Educational Services Chairman. Project recipients will be acknowledged at the ADSOEF Annual Meeting.
2. Upon Project completion, the Project Leader shall

a. send electronic copies of all receipts for items purchased with ADSOEF project money to the Educational Services Committee Chairman,

b. prepare and send to the Educational Services Committee Chairman a written

article suitable for publicationexplaining the project and outcome,

 c. submit a written review to the ADSOEF Board of Directors explaining the

 project and detailing the outcome of the project.

1. E-mail all correspondence to:

Christine Snoddy, Chairman Educational Services

E-mail: **ckvs@sprynet.com**

Application Evaluation Criteria:

Originality

Broad Reach

Completeness

Monetary Amount



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**APPLICATION**

**Title**:

**Type** (Individual, Classroom, or Community):

**Project Leader Member’s Name**:

**Chapter**: **DKG Membership Number**:

**Address**

**Email**: **Phone**:

**Names/Positions of others collaborating on this project**:

**Project Site**:

**Amount Requested**:

**Project Summary**:

*Describe the project giving its purpose, who will benefit from the project, how the project will be carried out and why it needs to be completed.*

**Project Start and Completion Dates**:

**Project Beneficiaries** *(approximate numbers)*:

**Research Documentation** *(supporting methods used to address needs in this project)*:

**Specific Results expected from this project**:

**How you will measure results**:

**Budget** (*Include item descriptions and costs*):

**Grand Total**

*Can the project be completed if it is only partially funded? If so, please prioritize budgeted items to indicate which are essential and which might be otherwise supplied if total project funding is not available from ADSOEF. Include all funds from other sources.*

**Letters of Support:**

Three (3) letters of support must be sent directly from the supporting individuals

to the Educational Services Chairman via email.

Please list individuals writing letters of support

Signature of Project Leader:

Signature of Chapter President: