



South Carolina Council of Teachers of Mathematics

SCCTM Grant Award Procedure

The South Carolina Council of Teachers of Mathematics (SCCTM) will provide grant funds of up to forty-five hundred dollars (\$4,500.00) this year to support SCCTM members desiring to implement projects in mathematics-related areas. No individual grant will exceed \$1,500.00. Please use single spacing and no smaller than eleven-point Times New Roman (or equivalent) type.

All of the following criteria must be agreed to by grant applicants in order to receive the funds.

1. Be a member of SCCTM and be employed in South Carolina.
2. Obtain approval and signature of your supervisor and, except for higher ed. applicants, your superintendent.
3. Complete the attached SCCTM Grant Application.
4. Write a narrative of three or fewer pages about the proposed project which addresses the following:
 - a. Rationale—For what problem area(s) is the project being written?
 - b. Target populations—Whom will the project affect?
 - c. Project location—Where will the project occur?
 - d. Project activities—What experiences will participants have?
 - e. Cost—How much will be spent and for what? Be specific.
 - f. Timeline—What is the projected chronological sequence of major events?
 - g. Anticipated outcome(s)—What is (are) the hoped-for result(s)?
5. Complete the attached budget page.
6. Conduct the project and submit results in an End-of-Project Report by June 30, 2017.
7. Agree to present the results of your project at the SCCTM Annual Conference, and/or write an article describing your project for *The MathMate* within one year of completion.
8. If any of the seven criteria are not met, the applicant must repay the grant award to SCCTM.

Grant applications may be made for almost any mathematics-related purpose. Eligible expenses may include, but are not limited to, such items as follows: developing training materials, purchasing equipment, paying for substitute teachers for release time, writing curriculum or lesson plans, paying for project-related printing or postage, providing training for appropriate personnel, and developing or producing a product. No more than 20% of the grant amount may be budgeted for unreimbursed expenses (registration, hotel, travel, meals, sub pay) to attend the SCCTM conference to conduct a session about your project.

Grant awards to SCCTM members will be based on the recommendation of the SCCTM Grants Committee and upon the availability of funds. The SCCTM Executive Board will annually determine the total amount of grant monies available for the year. Announcement of the grant recipients will be made on June 15, 2017.

To apply, six (6) copies of each of the SCCTM Grant Application Form (as a cover sheet), the narrative, budget page, and budget justification page must be postmarked by April 15, 2017, and mailed to Leigh Martin, SCCTM Grants Committee Chair, Clemson University College of Education 101 Tillman Hall, Clemson, SC 29634.

GOOD LUCK!

SOUTH CAROLINA COUNCIL
OF TEACHERS OF
MATHEMATICS

SCCTM GRANT APPLICATION

Name: _____

Address: _____

Home Phone: _____ SCCTM Membership Number: _____

School: _____ District: _____

School Address: _____ School Phone: _____

e-mail: _____

Amount Requested: _____

Title of the Project: _____ Grade(s): _____

Concise Description of the Proposed Project:

Supervisor's and Superintendent's Approval:

I support the implementation of the proposed project.

| | |
|-------|----------------------------------|
| _____ | _____ |
| Date | Supervisor's Signature and Title |
| _____ | _____ |
| Date | Superintendent's Signature |

By signing below, I agree to the eight conditions of eligibility for the SCCTM Grant.

Date: _____ Applicant's Signature: _____

**SCCTM Grant Application
Proposed Budget**

Applicant: _____ Year: _____

Name of Project: _____

| Budget Categories | Description | Amount |
|---------------------------|---|--------|
| Materials * | | |
| Supplies * | | |
| Equipment * | | |
| Subtotal: | | |
| <u>Purchased Services</u> | | |
| Consultants* | | |
| Stipends* | | |
| Substitutes* | | |
| Subtotal: | | |
| Total: | Will the amount requested from SCCTM totally fund the project or is this amount a supplement to another funding source? | |

*Please add a brief description on an additional page to justify how each budget item will benefit this project/activity/plan.