



HOT SCHOOLS LEADERSHIP GRANT APPLICATION - FY 2011

Deadline: Rolling until April 8, 2011 by 4 p.m.

Please send completed application to: Bonnie Koba, Arts in Education Program Manager,
Connecticut Commission on Culture & Tourism, One Constitution Plaza, 2nd Floor, Hartford, CT 06103

EVERY BLANK MUST BE FILLED IN (N/A WHERE APPLICABLE) IN ORDER FOR THIS FORM TO BE CONSIDERED COMPLETE AND READY FOR REVIEW.

APPLICANT INFORMATION (PLEASE PROVIDE E-MAIL ADDRESS - ALL NOTICES, CORRESPONDENCE, CONTRACTS ETC WILL BE SENT VIA E-MAIL ONLY)

Federal Employer ID # _____

School Name _____

Street Address or Location _____

Mailing Address (if different) _____

City/State/Zip _____

Telephone _____ Fax _____

Website _____

Name of Principal _____

Telephone _____ *E-mail _____

**Required - all notices and information regarding applications will be sent by email ONLY to application contact person.*

LEGISLATIVE INFORMATION (OBTAIN FROM TOWN CLERK OR VOTESMART.ORG)

U.S. Senator _____ District # _____

U.S. Representative _____ District # _____

State Senator _____ District # _____

State Representative _____ District # _____

PROJECT SUMMARY

Please complete the following 3-4 sentences in relation to your application. This statement will be used to attract participants to your workshop.

CCT funds will support _____

GRANT REQUEST

\$ 2,000

Project Start date (no sooner than March 4, 2011): _____

Project End date (no later than May 30, 2012): _____

FOR OFFICE USE: App # _____

APPLICATION NARRATIVE

Answer questions 1 & 2 in a narrative of no more than two (2) single-spaced typed page (one side only). Margins should be no less than 3/4 inch on all four sides, with font size no smaller than 11 point. The Program Budget is not included in the two-page total. **Workshop Description:**

1. Use underlined section headings below to label your narrative.
 - A. Please describe the workshop (include workshop focus). Tell why this workshop is important to do.
 - B. What are the goals and expected outcomes of the workshop? How will participants be prepared to implement strategies & techniques learned?
 - C. Who is your target audience? (e.g. grade level(s), discipline(s), etc.). Remember you will be serving both HOT Schools and non-HOT Schools participants.
 - D. How does the workshop support the HOT Approach? Specifically, the HOT Schools philosophy, core components, and strategies (What are you addressing and how)?
 - E. Describe the method(s) that you will use to evaluate and document your workshop and tell how you will share this information with your colleagues.
2. **Workshop Outline:** Include a specific outline for the day including structure, activities, duration and presenters. (Where will your program take place? What will participants do? How long will activities be? Who are the presenters?)

PROJECT BUDGET

Please complete the attached 1-page budget.

CHECKLIST

PLEASE USE CHECKLIST BELOW TO INDICATED THAT YOU HAVE INCLUDED THE FOLLOWING:

- Application Form - dated and signed (original signatures)
- Application Narrative - no more than two pages
- Budget - one page
- Commitment to present at HOT Schools Summer Institute
Please indicate at least 2 team members who have committed to presenting at the Summer Institute.
(Specifics regarding time and date TBD.)

BEHIND THE COPY MARKED "ORIGINAL," PLEASE ADD THE FOLLOWING

- W-9 Form

Note: Incomplete applications will not be reviewed

SIGNATURE

Under penalties of perjury, I declare that I have examined information contained in the application for this grant and accompanying documents and, to the best of my knowledge and belief, they are true, correct and complete, and I am in fact eligible for funding under this grant program. I am aware that the submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing of false public record and/or forfeiture of any funding awarded under this program. I further declare that I have reviewed the Commission on Culture & Tourism's Grant Overview Guidelines and acknowledge that it is my responsibility as a grant applicant to become familiar with these guidelines and that failure to comply could result in ineligibility for the grant program. I understand that should I have any questions regarding these guidelines, I may contact CCT. I further understand that all documents submitted become the property of CCT.

Printed Name _____ Title _____
Signature _____ Date _____



HOT SCHOOLS LEADERSHIP GRANT BUDGET FORM - FY 2011

APPLICANT NAME: _____

1. ADMINISTRATIVE EXPENSES

(e.g. planning time, subs, overhead costs, etc.)

Please include line-item breakdown below.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

1. SUB-TOTAL

TOTAL EXPENSES

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

2. OUTSIDE PROFESSIONAL SERVICES (PLEASE LIST)

a. Artistic/Consultant fees (itemize)

- _____
- _____
- _____
- _____

2. SUB-TOTAL

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

3. OTHER PROGRAM EXPENSES (PLEASE LIST)

a. Applicable project materials and supplies

Other (specify)

- b. _____
- c. _____
- d. _____

3. SUB-TOTAL

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

**TOTAL (SHOULD AMOUNT TO AT LEAST \$2,000*)
(SUM OF 1, 2, AND 3 SUB-TOTALS)**

\$ _____

*** ANY EXPENSES EXCEEDING \$2,000 ARE THE RESPONSIBILITY OF THE APPLICANT.**

HOT SCHOOLS LEADERSHIP GRANT SUMMER INSTITUTE PRESENTATION FORM - FY 2011

APPLICANT NAME: _____

Please indicate at least 2 team members who have committed to presenting at the 2011 Summer Institute.*

TEAM MEMBER 1:

Full Name:	
Title:	
Role in proposed project:	

TEAM MEMBER 2:

Full Name:	
Title:	
Role in proposed project:	

TEAM MEMBER 3:

Full Name:	
Title:	
Role in proposed project:	

TEAM MEMBER 3:

Full Name:	
Title:	
Role in proposed project:	

TEAM MEMBER 4:

Full Name:	
Title:	
Role in proposed project:	

TEAM MEMBER 5:

Full Name:	
Title:	
Role in proposed project:	

** Please copy this page if additional space is required.*