

**KELLY GENE COOK, SR.  
CHARITABLE FOUNDATION, INC.**

1675 LAKELAND DRIVE, SUITE 507  
JACKSON, MS 39216

PHONE: 601/981-1116 FAX: 601/981-1146 EMAIL: [CAROLYN@KGCCF.COM](mailto:CAROLYN@KGCCF.COM)

**DEBORAH ROCHELLE TEACHER GRANT PROGRAM**

The Kelly Gene Cook, Sr. Charitable Foundation initiated a teacher grant program in 1991 to enhance education by providing funds to school site personnel for instructional, research-based projects providing direct service to students. The program has been named the DEBORAH ROCHELLE TEACHER GRANT PROGRAM to honor the person who is responsible for its origination and organization. Grants are awarded to teachers in amounts not to exceed \$3,500 per award.

**APPLICATION GUIDELINES**

**Eligibility:** Classroom teachers and special staff teachers such as reading teachers, special education teachers, professional staff home-based at a school, ancillary professional staff, speech therapists, librarians, psychologists, and social workers are eligible to apply.

Applicants who applied last year but were not funded are encouraged to reapply. However, the Foundation does not usually award a grant to the same person for two consecutive years. Schools may submit more than one application, and more than one application from a school may be awarded a grant. Individuals at a school are limited to receiving one grant.

**Application Process:** The applications should address each of the six criteria for selection described on page four and must not exceed **five, double-spaced, typed pages** using standard fonts of not less than **twelve** points. The five-page limit does not include the enclosed (required) cover sheet, budget form, and agreement form. **Both teachers and their principals** must sign the applications. Applicants should remember that out-of-state readers will evaluate the proposals and may not be familiar with Louisiana education requirements, procedures, and/or terms. Therefore, applicants should be specific.

**Evaluation Report:** Grantees are required to submit an evaluation of the funded project at the end of the academic year along with a budget copy that reflects the “actual cost” of the items for the project. Receipts must accompany the budget page and should appear in an order that corresponds to the list on the budget page. A copy of the evaluation form is included with this application but is not due until May 1. In addition to the year-end evaluation report, representatives from the Cook Foundation will plan to visit you and your school/program during the spring semester to observe project activities.

**Important Dates:**

**Proposal Deadline: June 1, 2009, 4:00 PM**

The **original and four copies** of completed applications should be submitted to **Meredith Mendez, Director of Public Information, in the C. J. Schoen Administrative Complex.**

**Cook Foundation Visitation: Spring Semester of 2010 (February or March)**

**Project Evaluation/Budget Report Due for Funded Projects: May 1, 2010**

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**DEBORAH ROCHELLE TEACHER GRANT PROGRAM**

**Applicant Information**

SCHOOL: \_\_\_\_\_

SCHOOL PHONE #: \_\_\_\_\_ SCHOOL FAX #: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

NAME OF SCHOOL PRINCIPAL: \_\_\_\_\_

**PROJECT TITLE:** \_\_\_\_\_

**FUNDS REQUESTED:** \$\_\_\_\_\_ **NUMBER OF STUDENTS INVOLVED:** \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_

APPLICANT'S POSITION: \_\_\_\_\_

APPLICANT'S PHONE NUMBER: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

APPLICANT'S EMAIL ADDRESS: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

PRINCIPAL'S SIGNATURE: \_\_\_\_\_

**(Any application without this signature will be disqualified.)**

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**DEBORAH ROCHELLE TEACHER GRANT PROGRAM**

**AGREEMENT FORM**

I/We agree that the project described in this application will be implemented by me/us in cooperation with a principal. If this project is published for monetary gain or replicated for use in other school districts, I/we agree to give full recognition to the Kelly Gene Cook, Sr. Charitable Foundation. Full recognition will also be given in all publicity. Furthermore, I/we agree to give the Cook Foundation full authorization to use this application, or any part thereof, for publicity, educational goals, or any other reasonable purpose.

I/We realize that money received for this project is a grant and not a loan. Since the check for this grant will be made out to the school, not to me as an individual, I understand the **items purchased become the property of the school.**

Applicant Signature(s)/Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal's Signature/Date \_\_\_\_\_  
**(Any application without this signature will be disqualified.)**

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DEBORAH ROCHELLE TEACHER GRANT PROGRAM**

**SELECTION CRITERIA**

- I. SUMMARY** (10 points possible)  
This summary should present a concise overview of your project and summarize information presented in the proposal. Who are the participants? What are you going to do? Why is it important? How much will it cost?
- II. PURPOSE** (20 points possible)  
Clearly state a broad goal that addresses the problem. Objectives should strongly support your goal and should specify results that are clearly observable and measurable. Do not confuse objectives with activities. (Objectives may be listed in bullet form.) Does the proposed project hold educational merit?
- III. PLAN OF ACTION** (30 points possible)  
This section should be used to discuss implementation of your project, including dates and key activities. Describe activities that you plan to include in the project to meet the goal and objectives outlined in Section II (Purpose). The activities should support students in meeting the objectives and ultimately the goal of the project. Are the activities innovative to engage students in the learning process? Include a timetable and action steps that will develop your goal and objectives for this project. Justify the plan of action to the project budget. Describe continuation plans for future years.
- IV. PARTICIPANTS** (20 points possible)  
Who will participate in your project? How many students of what age(s) and grade levels will benefit from the program? Provide achievement, academic and demographic information. Include community/parent involvement or an explanation of lack of community/parent involvement.
- V. EVALUATION** (10 points possible)  
Explain procedures you will use to demonstrate and measure the students' progress. How will your results meet the goal and objectives of the project?
- VI. BUDGET** (10 points possible)  
Total budget request must not exceed \$3,500. Itemize materials and supplies needed to implement the program and note the cost of each item. Please limit requests to actual need, rather than available funding. If funds in addition to the Kelly Cook grant are required to conduct your project, indicate the anticipated source(s) of such support.

**Remember that salaries, in-service and training are not allowable budget items.** Priority will be given to projects with non-consumable items. Enrichment activities like field trips, guest speakers and intangible items are rarely funded. However, if your proposal involves non-consumable items, future plans for continuing the project need to be explained thoroughly for these items to be considered.

*Applicants are reminded that proposals should specifically address each of these six criteria in a reader-friendly document that does not exceed five, double-spaced, and typed pages with standard fonts of not less than twelve points. The five-page limit does not include the enclosed (required) cover sheet, budget form, and agreement form that must be completed with appropriate signatures and submitted along with the proposal.*

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**BUDGET FORM**

Complete the first two columns. Remember: The budget total must not exceed \$3,500. Salaries, in-service and training are not allowable budget items. Itemize materials and supplies needed to implement the program and note the cost of each item. Should additional funds be needed to conduct your project, or continue it after funding ceases, indicate the anticipated source(s) of such support. The *actual cost* column should be completed **after your grant is funded and materials have been purchased.**

<b>ITEM</b>	<b>PROJECTED COST</b>	<b>ACTUAL COST</b>
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**TOTAL BUDGET REQUEST =**

Please use the space below to indicate other sources of support to conduct or continue your project.

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**DEBORAH ROCHELLE TEACHER GRANT PROGRAM  
EVALUATION FORM**

Teachers receiving Cook Grants must prepare written (typed) evaluations of their projects and attach all receipts for materials purchased. This information should be mailed to Carolyn W. Bost in the **Foundation Office in Jackson, Mississippi**. (Please note address above for that office.) **Due Date: May 1, 2010**

Project Title: \_\_\_\_\_

School Name: \_\_\_\_\_ School Phone # \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Teacher's Home Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**I. Project Description:** Briefly describe your project.

**II. Project Participants:** How many students in which grade levels benefited from your project?

**III. Project Effectiveness:** How well were the project goal and objectives met? How did you measure success?

**IV. Project Replication:** Will you use any part of this project in the future? Have other teachers expressed interest in duplicating this project?

**V. Project Budget:** Complete "Actual Cost" Column of Budget Form submitted with your grant application and attach receipts in the order listed on the budget form.