

Helen A. Murphy Memorial Mini-Grant Project Cover Sheet

(Please type)

I. Person submitting proposal:*

Dr., Mr., Miss, Mrs., Ms., _____
(first name) (last name) (initial)

Institutional affiliation: _____

Position and/or title: _____

Mailing address:

(STREET) _____

(CITY OR TOWN) _____

(STATE OR PROVINCE) (COUNTRY) (POSTAL CODE) _____

Please check if mailing address is: home business

Telephone numbers: Office () _____ Home () _____

Email _____

Amount requested: _____

Are you a current member of the New England Reading Association? Yes No

*This person is assumed to be the principal organizer and contact person for the proposed project.

II. Title of proposed project: _____

III. Main purpose of the proposed project: _____

IV. Intended participants (brief description of student population and participating professionals/community partners)

Revised 06/05/2008

V. Attachments:** The following items must be complete, clear in content, labeled and attached per the list below.

A. Abstract of project objectives with major goals and outcomes. This section should also reflect project content, staff requirements, and a tentative timeline.

B. Proposed project development budget.

C. Other attachments as deemed necessary.

**Please include a cover letter which describes the proposal briefly, providing general information helpful to the review committee.

VI. Signature of person submitting proposal:

Signed: _____

Date: _____

**SEND PROPOSAL TO:
New England Reading Association
PO BOX 1997
Westerly, RI 02891-9998**

For NERA use only:

Date received _____

Notes: _____

ACTION: Approve () Request Revisions () Reject ()

Revised: 06/05/2008

Helen A. Murphy Memorial Mini- Grant Project

The **Helen A. Murphy Memorial Mini-Grant** is designed to improve literacy instructional practices ranging from pre-school to college. Teachers, students, specialists, and administrators who are current members of the New England Reading Association (NERA) may submit one proposal not to exceed \$600.00. All proposals must be post marked by April 1st. Applicants will be notified in June. Incomplete or late applications will not be considered. If applying as a team, one participant must be a current member of NERA.

PRE-PROJECT

In preparing a mini-grant proposal adhere to the following guidelines:

- Cover Sheet:** Complete all items on the Cover Sheet. Attach a cover sheet to each of the copies of the proposal.
- Abstract of Project Objectives:** Provide a clear and concise statement of the time line, objectives, and dissemination of the proposed project. Indicate the members that will be executing the project as well as those participating in the project. State the method for evaluating the objectives of this project.
- Content of the Project:** Provide a description of the project including materials necessary for implementation.
- Proposed Budget:** Include a detailed explanation of costs. Funds may not be used for stipends or salaries.

POST-PROJECT

- Recipient Evaluation Form:** Submit the attached evaluation form with a brief project summary to NERA within 30 days of completion. Results of this project may be considered for future NERA journals, newsletters, or conferences.

Helen A. Murphy Memorial Mini-Grant Project Mini Grant Evaluation Form

Complete and return this evaluation form with a **typed** summary of the project. The summary should include, but not be limited to, restating the abstract of project objectives in the past tense with additional statements pertaining to the evaluation of objectives as part of the conclusion. All major participants must be included in the evaluation process with the expectation that experiences and results will be representative of all parties involved in the project. The recipient's brief summary of the project may be considered for future NERA journals, newsletters, or conferences. Send this completed form and attached summary to:

**New England Reading Association
PO BOX 1997
Westerly, RI 02891-0997**

Person who submitted proposal:*

Dr., Mr., Miss, Mrs., Ms., _____
(first name) (last name) (initial)

Title of proposed project: _____

Institutional affiliation: _____

Position and/or title: _____

Names of Team members (if applicable)

Mailing address:

(STREET) _____

(CITY OR TOWN) _____

(STATE OR PROVINCE) (COUNTRY) (POSTAL CODE) _____

Amount granted: _____ Date of funding _____

Revised: 06/05/08