



**The Ohio Council of Teachers of Mathematics
Emalou Brumfield Affiliate Grant Application**

General Information

Affiliate Name:	Application Date:
Title of Project:	Funding requested from OCTM (up to \$500):
Start Date of Project:	Completion Date of Project:

Grant Contact Person

Name:
Address:
Home Phone:
Work Phone:
E-mail:

Affiliate President

Name:
Address
Home Phone:
Work Phone:
E-mail:

Please answer the following questions. Use as much space as needed.



Rationale: What need is to be addressed?
Goal: How will this project meet the identified need?
Description: What is the implementation plan for this project?
Evaluation: What criteria will be used to address the effectiveness of this project?
Budget: Attach a tentative (itemized) budget for this project.
Report: How will you report the results of your project to OCTM? <i>Possible ideas include a complete written report to the OCTM Board (submit to the President), a presentation at an OCTM Board meeting, a presentation at the OCTM Annual Conference, an article for the newsletter and/or the website, etc.</i>
If the grant is awarded, who should the check be sent to? Please list the name and address.

Signature of grant contact person _____

Date _____

Signature of affiliate president _____

Date _____

This application can be e-mailed (with signatures) to Davis Gerber, OCTM Affiliate Services Chair at Davis.Gerber@ohioctm.org, or it can be mailed to Davis Gerber at 2050 Arthur Ave., Westlake, OH 44145. Please contact Davis with questions.

