Center for the Advancement of STEM Education Application for Funding

Mission:

CASE leveraged utbet prayairoal standeints Iteat quarlorrescoes confidences bair di Milletauppooe pavroce community

both regionally and internationally.

In 2018, CASE programs directly impacted more than 22,000 preK-12 students, teachers, undergraduate students, faculty and community members.

CASE awards small grants to BSU faculty and staff who develop projects that further CASE's mission to increase interest and literacy in STEM topics. Proposed budgets should not exceed \$5000.

## Guidelines:

Proposed projects must include a component that engages preK-12 teachers (preservice and/or in-service), preK-12 students or members of the community. Preference will be given to projects that engage undergraduate students in outreach. Funds cannot be used for travel to attend or present at meetings, but may be used to travel to local schools, libraries or venues where faculty or students will lead STEM events. Funds

Funding Application
Project Title
Name of applicant
Position at the University
Department
Building and Room Number
Contact person's telephone number and e-mail address
Amount of funding requested:
Period of time during which the project will be completed:

Please submit completed applications to jennifer.aizenman@bridgew.edu by November

1, 2019. Applicants will be notified of decisions by December 2, 2019

Please submit a proposal that addresses the following.

- 1. Please describe the proposed project.
- 2. What are the expected outcomes?
- 3. What assessments will you conduct to determine the degree to which outcomes were achieved?
- 4. What is the schedule of tasks required for the successful completion of your project?
- 5. Please describe how this project's mission relates to the mission of CASE.
- 6. Please provide other facts or considerations pertinent to the project's success.

## Final Project and Expenditure Report

Please complete and return within 30 days of the projects' conclusion. Add lines as needed.

PROJECT MANAGER:	
PROJECT NAME:	
DATE OF REPORT:	
PROJECT START AND END DATES:	

## NARRATIVE DESCRIPTION OF ACTIVITIES:

Include project and learning outcomes and number of individuals served. Please also briefly describe benefits and challenges and any changes you would implement if you were to repeat this program.

**BUDGET NARRATIVE** 

Material costs -