

# Professional Development Grant Application

## Education Minnesota Foundation for Excellence in Teaching and Learning

*Mission: promotes educators' innovation and achievement focused on the practices of equity and inclusion*

### Professional Development Grants for Individual Members

Professional Development Grants are intended to provide education support professionals (ESPs\*), higher education faculty of colleges and universities, and licensed educators with opportunities to take the lead in acquiring and sharing new skills and knowledge. These skills might include new instructional tactics, use of technology or working with parents. Applicants may request a grant to acquire these skills and share what you learn with your colleagues.

For higher education faculty applicants, it is suggested that faculty seek in-kind funds to help finance the venture. Recipients of the higher education faculty grant must pay for all grant expenses out-of-pocket, and then submit receipts to the Education Minnesota Foundation for reimbursement.

ESPs and licensed educators may request up to \$2,000, and higher education faculty may request up to \$3,000.

### Professional Development Grants for Groups of Members

In addition to Professional Development Grants for individual members, the Education Minnesota Foundation also offers applicants the opportunity to submit a Professional Development Grant application for a group of members to either attend professional development or be trained at their worksite. All members named in the group application must fulfill the individual eligibility requirements to be eligible for the group application. Professional Development Grant applications for a group of members have a maximum funding request of \$2,000 per person. **Group applications may be for up to 2-6 members, and ALL members must be from the same local union or district in order to be funded.** Members looking to apply for a Professional Development Grant for groups should designate one group member to be the group lead, and the group lead should collect all required information listed on the application for the other group members.

The Education Minnesota Foundation Board will not fund retroactive learning opportunities that have passed by the date grants will be awarded by, which are listed below.

### Professional Development Grants will be awarded twice per school year.

**Deadlines:**..... *4 p.m., Nov. 3, 2023*..... *4 p.m., April 5, 2024*


**Grants awarded by:**..... *January 2024*..... *June 2024*

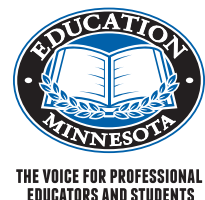
**Funds to be spent by:**..... *July 2024*..... *December 2024*

Signed and scanned applications in PDF format can be emailed to [foundation@edmn.org](mailto:foundation@edmn.org). Applicants may also apply online at [www.edmnfoundation.org](http://www.edmnfoundation.org). All applications are reviewed by the Board of Trustees of the Foundation—licensed educators, education support professionals and higher education faculty who are members of Education Minnesota.

*\*ESPs include classroom paraprofessionals, clerical staff, bus drivers, etc. who are members of Education Minnesota ESP bargaining units.*

41 Sherburne Ave., St. Paul, MN 55103  
651-227-9541 800-652-9073  
[www.edmnfoundation.org](http://www.edmnfoundation.org)  
[www.educationminnesota.org](http://www.educationminnesota.org)

Education Minnesota Foundation is an affiliate of Education Minnesota, the American Federation of Teachers, the National Education Association and AFL-CIO.  2805



## *Questions to ask yourself before beginning the application process*

### **Classroom and Education Support Professionals Professional Development**

- Am I an active member of Education Minnesota?
- Will the professional development I am seeking help me improve my job performance?
- Will I be able to participate in the professional development opportunity and share what I learn with my colleagues?

### **Higher Education Faculty Professional Development**

- Am I an active member of Education Minnesota?
- Do I have a reasonable expectation of being in a position to manage a project during the next school year?
- Do I have information that leads me to believe that the project I am considering will improve student achievement?
- Does my project idea address the needs of diverse or students at risk of failure?
- Do I have partners with whom I can plan and implement this project?
- Am I willing to share what I learn from this project with other educators?

If you answered “yes” to these questions and you did not request reimbursement of the \$5 assessment to the Foundation, you should feel confident that the Foundation will give your project serious consideration.

### **Note for applicants from the Education Minnesota Foundation Board**

The Education Minnesota Foundation Board cannot fund applications that request stipends for members' time. Stipends for outside services may be funded. If you have questions about this, please contact Dayonna Knutson at [dayonna.knutson@edmn.org](mailto:dayonna.knutson@edmn.org).

# Professional Development Grant Application: Individual\* Data Sheet

**APPLICANTS MUST COMPLETE THE DATA SHEET AND ADDRESS ALL NARRATIVE QUESTIONS.  
PLEASE CHOOSE ONLY ONE GRANT BELOW.**

If you are applying for a Professional Development Grant for a group  
of members, please fill out the data sheet on the following pages.

I am applying for a(n):

Classroom Professional  
Development Grant  
(licensed educator)

ESP Professional  
Development Grant

HEF Professional  
Development Grant

Project Coordinator (Applicant) name: \_\_\_\_\_

Project title: \_\_\_\_\_

Total amount requested: \$ \_\_\_\_\_

Project Coordinator's (Applicant's) job title/assignment: \_\_\_\_\_

Home address, city, state, ZIP: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Regularly checked email address: \_\_\_\_\_

Local union: \_\_\_\_\_

Worksite: \_\_\_\_\_

Worksite address, city, state, ZIP: \_\_\_\_\_

Work phone: \_\_\_\_\_

Continued on the following pages (skip group data sheet if you completed the individual data sheet)

# Professional Development Grant Application: Group Data Sheet

**APPLICANTS MUST COMPLETE THE DATA SHEET AND ADDRESS ALL NARRATIVE QUESTIONS.  
PLEASE CHOOSE ONLY ONE GRANT BELOW.**

I am applying for a(n):

Classroom Professional  
Development Grant  
(licensed educator)

ESP Professional  
Development Grant

HEF Professional  
Development Grant

**ALL MEMBERS OF THE GROUP MUST BE IN THE SAME  
BARGAINING UNIT WITHIN THE SAME LOCAL.**

Project Coordinator (Group Lead Applicant) name: \_\_\_\_\_

Project title: \_\_\_\_\_

Total amount requested: \$ \_\_\_\_\_

Project Coordinator's (Group Lead Applicant's) job title/assignment: \_\_\_\_\_

Home address, city, state, ZIP: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Regularly checked email address: \_\_\_\_\_

Local union: \_\_\_\_\_

Worksite: \_\_\_\_\_

Worksite address, city, state, ZIP: \_\_\_\_\_

Work phone: \_\_\_\_\_

All contact information for the group members is required.

**Group member 1 applicant name:** \_\_\_\_\_

Total amount requested: \$ \_\_\_\_\_

Applicant's job title/assignment: \_\_\_\_\_

Home address, city, state, ZIP: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Regularly checked email address: \_\_\_\_\_

Worksite: \_\_\_\_\_

Worksite address, city, state, ZIP: \_\_\_\_\_

Work phone: \_\_\_\_\_

**Group member 2 applicant name:** \_\_\_\_\_

Total amount requested: \$ \_\_\_\_\_

Applicant's job title/assignment: \_\_\_\_\_

Home address, city, state, ZIP: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Regularly checked email address: \_\_\_\_\_

Worksite: \_\_\_\_\_

Worksite address, city, state, ZIP: \_\_\_\_\_

Work phone: \_\_\_\_\_

**Group member 3 applicant name:** \_\_\_\_\_

Total amount requested: \$ \_\_\_\_\_

Applicant's job title/assignment: \_\_\_\_\_

Home address, city, state, ZIP: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Regularly checked email address: \_\_\_\_\_

Worksite: \_\_\_\_\_

Worksite address, city, state, ZIP: \_\_\_\_\_

Work phone: \_\_\_\_\_

**Group member 4 applicant name:** \_\_\_\_\_

Total amount requested: \$ \_\_\_\_\_

Applicant's job title/assignment: \_\_\_\_\_

Home address, city, state, ZIP: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Regularly checked email address: \_\_\_\_\_

Worksite: \_\_\_\_\_

Worksite address, city, state, ZIP: \_\_\_\_\_

Work phone: \_\_\_\_\_

**Group member 5 applicant name:** \_\_\_\_\_

Total amount requested: \$ \_\_\_\_\_

Applicant's job title/assignment: \_\_\_\_\_

Home address, city, state, ZIP: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Regularly checked email address: \_\_\_\_\_

Worksite: \_\_\_\_\_

Worksite address, city, state, ZIP: \_\_\_\_\_

Work phone: \_\_\_\_\_

The Education Minnesota Foundation will only fund proposals that are the original work of the person submitting the grant request. Applicants are not permitted to submit the work of anyone else as their own. My signature below indicates that I am the author of this proposal and I have properly attributed authorship to the extent I have based this proposal on the work of others.

Project Coordinator (Group Lead Applicant) signature: \_\_\_\_\_

**ALL APPLICATIONS MUST BE RECEIVED BY THIS OFFICE  
NO LATER THAN 4 P.M. ON THE DEADLINE.**

Mail/email applications to:  
Education Minnesota Foundation for Excellence in Teaching and Learning  
41 Sherburne Ave., St. Paul, MN 55103-2196  
foundation@edmn.org – 800-652-9073

**Apply online at [www.edmnfoundation.org](http://www.edmnfoundation.org)**

**Note: Please expect a confirmation email within one week of submitting your application. If you do not hear back from the Foundation with a confirmation that your application was received, please email [foundation@edmn.org](mailto:foundation@edmn.org) with a request for confirmation of application received.**

**YOUR LOCAL/AFFILIATE PRESIDENT SHOULD COMPLETE THIS SECTION.**

Group lead applicant's local/affiliate or MSCF/UEA organization: \_\_\_\_\_

Group lead applicant's local/affiliate or MSCF/UEA president's name (please print): \_\_\_\_\_

President's email: \_\_\_\_\_

Local/affiliate or MSCF/UEA treasurer's name (please print): \_\_\_\_\_

Treasurer's email: \_\_\_\_\_

My signature below indicates that I am aware of this application and should this project be awarded grant funds, the local agrees to support the member. My signature also certifies that the applicant is an Education Minnesota member holding active membership status, and the local affiliate will act as fiscal agent for grant funds.

Signature of president: \_\_\_\_\_

Date: \_\_\_\_\_



# Professional Development Grant Application: Individual Narrative

## APPLICANTS MUST ADDRESS ALL NARRATIVE QUESTIONS.

Please use double spacing, Times New Roman 12-point type on single-sided paper. Be sure to number and label your responses, and limit your narrative length to four pages or fewer.

### 1. One-paragraph summary

Write a one-paragraph summary of your proposal and what you expect to accomplish.

### 2. Skills and knowledge

Professional Development Grants are given to help you improve your on-the-job skills and knowledge.

- a. *What skills and knowledge do you want to acquire?*
- b. *How will increased skills and knowledge in this area help improve your work environment?*

### 3. Learning opportunity

Professional Development Grants provide funds to assist members of Education Minnesota. Examples of Foundation-funded opportunities include attending conferences, workshops and seminars, accessing coaching experiences and language study related to your curriculum.

- a. *Describe the learning opportunity you wish to pursue.*
- b. *Explain why you think it will meet your needs.*
- c. *Provide details of the learning opportunity—where and when will the learning take place?*

### 4. Impact

Professional Development Grants are intended to have an impact on you, your colleagues and students.

- a. *Predict how your new skills and knowledge will impact your work environment.*
- b. *Predict how your new skills and knowledge will impact your job.*

### 5. Budget

In a chart or table, list your budget expense items (e.g., conference registration, hotel, airfare, necessary materials) and the amount requested for each item. If your budget reflects a total amount over the maximum funding amount, please include in-kind or matching donations to help the board understand how the rest of your request will be funded.

Visit [www.edmnfoundation.org/budget](http://www.edmnfoundation.org/budget) for examples of how to write a budget.

*\*ESPs include classroom paraprofessionals, clerical staff, bus drivers, etc. who are members of Education Minnesota ESP bargaining units. This application is not for use by licensed professionals who are members of other Education Minnesota bargaining units.*

See next page for Group Professional Development Narrative questions

# Professional Development Grant Application: Group Narrative

## APPLICANTS MUST ADDRESS ALL NARRATIVE QUESTIONS.

Please use double spacing, Times New Roman 12-point type on single-sided paper. Be sure to number and label your responses, and limit your narrative length to four pages or fewer.

### 1. One-paragraph summary

Write a one-paragraph summary of your proposal and what you expect to accomplish.

### 2. Skills and knowledge

Group Professional Development Grants provide funds to assist members of Education Minnesota. Examples of Foundation-funded opportunities include attending conferences, workshops and seminars, accessing coaching experiences and language study related to your curriculum.

- a. *What skills and knowledge does your group want to acquire?*
- b. *How will increased skills and knowledge in this area help improve your work environment(s)?*

### 3. Learning opportunity

Group Professional Development Grants provide funds to assist members of Education Minnesota. Examples of Foundation-funded opportunities include attending conferences, workshops and seminars, accessing coaching experiences and language study related to your curriculum.

- a. *Describe the learning opportunity your group wishes to pursue.*
- b. *Explain why you think it will meet your group needs.*
- c. *Provide details of the learning opportunity—where and when will the learning take place?*

### 4. Impact

Professional Development Grants are intended to have an impact on you, your colleagues and students.

- a. *Predict how your new skills and knowledge will impact your work environment.*
- b. *Predict how your new skills and knowledge will impact your job.*
- c. *What is your plan for disseminating the skills or knowledge within your local(s)?*

### 5. Budget

In a chart or table, list your budget expense items (e.g., conference registration, hotel, airfares, necessary materials) and the amount requested for each item. If your budget reflects a total amount over the maximum funding amount, please include in-kind or matching donations to help the board understand how the rest of your request will be funded.

Visit [www.edmnfoundation.org/budget](http://www.edmnfoundation.org/budget) for examples of how to write a budget.

Your application will be reviewed only when it is considered “complete”—that is, all questions are answered, all documents mentioned above are attached, and a completed and signed data sheet is received. If all items are not received, your application will not be reviewed by the Foundation Board of Trustees.

**ALL APPLICATIONS MUST BE RECEIVED BY THIS OFFICE  
NO LATER THAN 4 P.M. ON THE DEADLINE.**

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