

Changing Lives Grant Application

District Name and Number:

Authorized Contact:

Address:

E-mail:

Phone:

Fax:

School Web Site:

Proposed Changing Lives Program

1. District Statistics

Identify below the grades served in your district, number of students enrolled, size of the teaching staff, and the number of buildings. Also summarize the extra curricular activities offered and the number of participants involved. To use the following spreadsheet, double click within the bounds of the chart and fill in the cells in green.

Student Population Information			
Grade Levels	Number of Students	Number of Teachers	
Kindergarten			
Grade 1			
Grade 2			
Grade 3			
Grade 4			
Grade 5			
Grade 6			
MS/HS			
Extra Curricular Group	Number of Students	Number of Leaders	Number of Teams
Please work with Mark1 staff to determine training needs:			
	Number of Sessions	Length of Sessions	Number of Participants
Elementary Training Desired			
MS/HS Training Desired			
Parent Meetings Desired			

2. Needs Assessment

Describe the tools, process and data that influenced your district's decisions regarding character development education. How does the Changing Lives program align with your decisions?

3. Scope of Desired Program

Work with your Changing Lives representative to create a perfect plan for your school.

- a. Identify how many students and teachers will be using the Changing Lives program under this perfect plan if funding becomes available, in what settings and at what grade levels.
- b. If funding is approved, when would you like your staff training and initial implementation to take place?
- c. If this is a pilot program that will be implemented in less than your full district, what are your plans (if any) to expand the program in the future?

4. Narrative of your Proposed Program

Describe your plan for:

- a. Implementing Changing Lives in the classroom;
- b. Implementing Changing Lives in extracurricular activities;
- c. Teacher training workshops and in-service training;
- d. Changing Lives school assemblies;
- e. Consulting between the school district and Mark1; and
- f. An assessment program

5. Evaluation Plan

Explain what processes you will use to determine the impact the Changing Lives program has upon your district.

Required Signatures

Name of Grant Writer (type name):

Address of Grant Writer:

Email of Grant Writer:

Telephone Number of Grant Writer:

Fax of Grant Writer:

Signature of Grant Writer: _____

Superintendent/Principal (type name):

Signature of Superintendent/Principal: _____

Title (Superintendent/Principal):

Email of Superintendent/Principal:

Telephone Number of Supt./Princ.:

Date Submitted:

Once completed, please send the signed form

- by email to barbe@mark1.org
- by fax to 320-693-7905 or
- by mail to P. O. Box 978, Litchfield, MN 55355

For grantor use only:

Review Date: _____

_____ Approved, all components have been addressed

_____ Not Approved, all required components are not addressed