



# Parent Support Organization Fall 2019 Grant Application

**Deadline:** Wed., Sept. 25, 2019  
kim.ocsapso@gmail.com

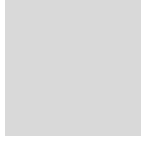
**What is a PSO Grant?** A PSO Grant is a supplemental program, funded entirely by Orange County School of the Arts (OCSA) **Parent Support Organization's** (PSO'S) discretionary fund. A PSO Grant provides awardees the ability to make specific purchases to fill a need in the classroom. PSO Grants fund supplies, equipment, instructional items, special projects, or programs. Those eligible to apply for a grant include OCSA Academic and/or Conservatory Faculty, Administration and staff.

## How do I apply for a PSO Grant?

1. Identify and present a need to help realize your vision for serving your students, then complete the application form below. There are two grant cycles annually; one per semester.
2. Please scan and attach any supplemental materials or information to include with the application.
3. We accept handwritten forms-please **print legibly**, or you may fill the form out electronically and then print for signatures.
4. Please obtain **all necessary signatures** (applicant, conservatory director and dean) **BEFORE** you turn your form in. Make a copy for your records
5. Please turn in your PSO Grants Application Form, along with any supplemental materials to the PSO mailbox in the office by Sept. 25, 2019 or electronically to kim.ocsapso@gmail.com. **EARLY SUBMISSIONS ARE ENCOURAGED TO HELP US RESEARCH YOUR NEEDS.**
6. Your Grant Application Form will be reviewed by the PSO Grant Review Committee, comprised of PSO Executive Board members and the OCSA Deans. An effort is made by the committee to allocate funds across all conservatories and academic departments.
7. If you have any questions or would like support to complete your Grant Application, please feel free to contact Grant Coordinator at kim.ocsapso@gmail.com.
8. **PSO Grants will NOT provide funding** to individuals or groups for scholarships, special events, productions, tours, performances, field trips, annual fund appeals, recurring subscriptions, perishables such as makeup or food, or tickets to charitable events. We also do not fund items to be used for profit, renting or resale.

**Thank you for applying and we look forward to reviewing your application!**

**PSO Grant Number**



**PSO use only**

**Grant Application**

**Deadline:** Wed., Sept. 25, 2019

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**Applicant Name:**

\_\_\_\_\_

**Dept./Conservatory:**

\_\_\_\_\_

**Phone:**

\_\_\_\_\_

**Email:**

**PROJECT DESIGN:**

1. What do you wish to fund?

\_\_\_\_\_  
\_\_\_\_\_

2. Give a brief description of the item and how it used (help us understand your need).

\_\_\_\_\_  
\_\_\_\_\_

3. OCSA Administration has identified the following priorities for this school year: student safety, mental health, technology implementation, and state of the art facilities. Does your grant request align with any of these priorities? Explain how.

\_\_\_\_\_  
\_\_\_\_\_

4. When will this award be utilized?

\_\_\_\_\_

5. Collaboration:

o Is this request a collaboration? Yes: \_\_\_\_\_ No: \_\_\_\_\_

    If yes, who: \_\_\_\_\_

o Can this grant be shared by more than one teacher, department, or conservatory?

    No: \_\_\_\_\_ If yes, who: \_\_\_\_\_

6. Is this item compliant with OCSA's technology and internet capabilities?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ N/A: \_\_\_\_\_

## IMPACT

1. Estimate the number of students that will benefit from this grant? \_\_\_\_\_

2. Does this grant primarily focus on:

Enhancing Teaching: \_\_\_\_\_ Student Learning: \_\_\_\_\_ Both: \_\_\_\_\_

3. Discuss the long term benefits of purchasing this item.

\_\_\_\_\_

\_\_\_\_\_

## COST

1. Total dollar amount requested (including tax, shipping, etc.): \_\_\_\_\_

2. Is this a pilot project or program that can become self-sustaining financially?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ N/A: \_\_\_\_\_

3. Will this item or program require an annual maintenance or upgrade expense?

No: \_\_\_\_\_ If yes, how will maintenance expenses be funded?

\_\_\_\_\_

4. Do you have additional sources of funds for this proposal?

No: \_\_\_\_\_ If yes, how much & from where (fundraising, matching funds, co-conservatory collaborative efforts).

\_\_\_\_\_

Please attach supporting documents, information you would like to share with the committee, price lists, purchase orders, screen shots of items with all costs. Provide well-researched and documented cost estimates for your request. We suggest that you provide a minimum of two cost estimates, attempting to achieve maximum cost efficiency.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Conservatory Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_