



No Place for Hate[®] Grant Application for Elementary School Educators

Submission Deadline: May 12, 2008

Email applications to: lstewart@adl.org OR

Mail to: Anti-Defamation League,

No Place for Hate[®]

TAKE THE LEAD Project

1617 John F. Kennedy Blvd,

Suite 1160

Philadelphia, PA 19103

Part I (please use a second sheet of paper if more space is needed)

1. What is the name of your *No Place for Hate*[®] Project?

2. What is your Project idea? (Include the need in your community or school)

3. How will your Project benefit your community and your school?

4. How will you measure the impact on your school and the success of your Project?

The title of this Project is: _____

5. What's your immediate action plan?

So far you have established your **Project idea** (for example, an original skit about bullying to be performed in front of the entire school), now it's time to break down your idea into specific **goals** (for example, write a draft of the skit by April 1st), and assign **specific tasks** (for example, conduct research on bullying and bias) for each goal. Use the chart below to list all of the tasks you will need to accomplish in order to achieve each of your goals. Feel free to add more goals and/or tasks.

Goal #1:
Tasks for Goal 1: What needs to be accomplished to make this goal a reality?
1.
2.
3.
4.
5.
Goal #2:
Tasks for Goal 2: What needs to be accomplished to make this goal a reality?
1.
2.
3.
4.
5.
Goal #3:
Tasks for Goal 3: What needs to be accomplished to make this goal a reality?
1.
2.
3.
4.
5.

The title of this Project is: _____

6. Create a tentative timeline of your Project's activities.

Starting with the current month, fill-in the names of the month, and indicate which projects, tasks or events will happen during that month. You may have many events occurring some months and no events during other months. This will give you a sense of how much work you'll be doing over the course of the year.

Month 1:	Month 2:
Month 3:	Month 4:
Month 5:	Month 6:
Month 7:	Month 8:

The title of this Project is: _____

7. Who will do what on your Team?

Although there is a lead educator on this project, sharing the responsibilities among a team of colleagues will help make the process easier. At least 3 students should be included on your team and age-appropriate responsibilities should be assigned to them. Teams must complete and submit a mid-project (October 6) and end of project (February 1, 2009) progress report, so be sure to include who will be responsible for sending these reports to *No Place for Hate*[®]. ***By signing your initials, you are showing that you have seen and agreed to the responsibilities assigned to you.**

Team Member	Role (faculty or student)	Responsibilities	Member initials*

The title of this Project is: _____

If your Project will cost more than the grant amount that you are requesting, you must explain how you plan to supplement the costs.

Income Form *Remember to include amount requested for the *No Place for Hate*® grant (up to \$1,000)*

Source of Income	Amount of Income \$	When will this be received? (date)	Explanation
Example: PTA grant	\$250	September 20, 2008	The PTA offers grants to students to support anti-bullying projects
Example: Diversity Club t-shirt sale	\$115	May 1, 2008	The Diversity Club sold t-shirts with messages about diversity to the school
Example: <i>No Place for Hate</i> ®	\$1000	October 6, 2008	Requested grant from <i>No Place for Hate</i> ®
Total Income:	\$		

The title of this Project is: _____

Part II

Elementary School Project Leader Information: The Project Leader is the educator who coordinates ALL communication for the whole Project Team and is responsible for staying in touch with *No Place for Hate*[®] staff during *and* after the application process. After receiving support from *No Place for Hate*[®], **Teams must complete and submit two progress reports, one due October 6 and one due February 1, 2009.** The Project Leader will be the Team member responsible for making sure both of these reports and other updates are sent to *No Place for Hate*[®].

Project Leader's Contact Information			
Name:			
Mailing Address:			
Home Phone:		Cell Phone:	
Email: You MUST provide a valid email address that YOU or someone else will be able to check regularly in order to receive important application process materials.			

Part III

1. What region are you from?

- | | |
|--|--|
| <input type="checkbox"/> Center City | <input type="checkbox"/> Email |
| <input type="checkbox"/> Greater Philadelphia area | <input type="checkbox"/> Delaware Valley |
| <input type="checkbox"/> Lehigh Valley | <input type="checkbox"/> central Pennsylvania |
| <input type="checkbox"/> Lancaster | <input type="checkbox"/> Other / please specify details: |
-

2. How did you find out about the *No Place for Hate*[®] Grant program?

- | | |
|--|---|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Forwarded E-Newsletter / please specify: |
| <input type="checkbox"/> Searched the Web | <input type="checkbox"/> Other / please specify details: |
| <input type="checkbox"/> Heard a Speech | |
| <input type="checkbox"/> Email | |
| <input type="checkbox"/> School/Principal/ please specify: | |
-

The title of this Project is: _____

**#1: STATEMENT OF AGREEMENT
(APPLICANT AND SCHOOL PRINCIPAL SIGNS)**

If I receive a *No Place for Hate*® TAKE THE LEAD Grant from ADL, I understand that all funds will be made payable to the School associated with my Project and are strictly for the use agreed upon with ADL. I further understand that ADL retains the authority to make and award grants in its sole discretion. I am aware of the obligations expected of grantees (as described in the application). I am prepared to see that I fulfill these requirements. The Principal or School Official signing below represents that he/she has the authority to receive these funds on behalf of the School. Except where prohibited by law, I grant permission to ADL to use my name, Project and/or Project photographs for related publicity as referred to specifically in the attached Release and Permission Form. If my School receives funds and the proposed Project cannot be completed by December 31, 2008 for any reason, the School agrees to return all of the Grant funds to ADL by February 1 2009, unless other wise agreed upon by ADL.

_____	_____	_____
Applicant's Name (Printed)	Applicant's Signature	DATE
_____	_____	_____
Principal's Name (Printed)	Principal's Signature	DATE

The title of this Project is: _____

**ANTI-DEFAMATION LEAGUE
RELEASE AND PERMISSION FORM**



I hereby grant permission to the Anti-Defamation League of B'nai B'rith, its subsidiaries and affiliates ("ADL") to photograph, film, videotape or otherwise record me and use my picture, voice, silhouette and other reproductions of my physical likeness (as the same may appear in any still camera photograph and/or motion picture films and/or videotape) in and in connection with the exhibition, theatrically, on television or otherwise, of any production in which same may be used or incorporated, and also in the advertising, exploiting and/or publicizing of any such production, but not limited to television, theatrical motion pictures or video.

I also grant ADL the right to publish, exhibit, display, copyright, license, transfer, edit, or in any other way use in any form, without prior approval, any photographs, transparencies, motion pictures and/or television films or tapes, and any descriptions or transparencies thereof, which contain, in whole or in part, my image, name, voice or material spoken by me, for any purpose whatsoever, including without limitation educational, commercial, trade and pictorial art, with or without my name or any other identification and with or without the names of any other real or fictitious persons.

I further give ADL the right to reproduce in any manner whatsoever any recordings made by ADL of my voice and all instrumental, musical, or other sound effects produced by me. I hereby release ADL and the officers, directors, employees, agents, members, associates, successors, licensees, and assigns of ADL from any and all liability for damages for libel, slander, invasion of privacy or any other claims based on the publication, exhibition, display, copyright, license, transfer, reproduction, editing, disposition or other use of such photographs, videotapes, films, transparencies, motion pictures, television films or tapes, descriptions or transcriptions or recordings.

I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof and, intending to be legally bound, I hereunto set my hand the _____ day of _____, 20 ____.

Print Name _____

Signature _____

Witness _____

PARENTAL CONSENT (If participant is under 21 yrs.)

I am the parent or legal guardian of the minor who signed this form above and I consent and agree to the minor's appearance at this program, and to his/her granting to ADL the rights listed above, and to the release granted above.

Signature _____ Print Name _____

Date _____ Relationship to Minor _____

The title of this Project is: _____