

## Commissioner's Task Force on Holocaust Education Project Based Funding Application

### **Fiscal Year 2023-2024**

The core mission of the Commissioner's Task Force on Holocaust Education is to promote Holocaust education in the State of Florida. On a continual basis, the Task Force shall survey the status of Holocaust education; design, encourage and promote the implementation of Holocaust education and awareness; provide programs in all Florida school districts; and coordinate designated events that will provide appropriate memorialization of the Holocaust on a regular basis throughout the state.

As this funding is provided to support the mission of the Task Force. "Funded in part by FDOE Commissioner's Task Force on Holocaust Education" must be included on all flyers, agendas, programs, handouts, posters, advertisements, etc. that are associated with funded projects.

Eligible applicants are school districts, designated sites, other community organizations whose proposed activities are aligned with the mission. An independent committee will review and rank the applications received. As Tallahassee Community College (TCC) is serving as the Task Force's fiscal agent, funded applicants will be provided information on establishing a supplier profile in TCC's system and requesting funds.

Please contact the Task Force at <a href="mailto:holocaustedufl@gmail.com">holocaustedufl@gmail.com</a> if you require an alternate format. All Applications will be considered until funds are depleted.

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|---|--|--|--|--|
| Project Name:   |  |  |  |  |
| Project Date:   |  |  |  |  |
| Funds Requested   |  |  |  |  |
| Applicant Name:   |  |  |  |  |
| Mailing Address:  |  |  |  |  |
| Organizational<br>Director or Project<br>Manager:                         |  |  |  |  |
| Contact Phone:  |  |  |  |  |
| Contact Email:  |  |  |  |  |
| Governance (University/College, School/District, Designated Site, Other): |  |  |  |  |

| Website: |  |  |  |
|----------|--|--|--|
|          |  |  |  |

## **PROJECT NARRATIVE**

#### **Project Development (500 words max):**

• Describe project instructional content, activities, and goals and how they relate to the mission of the Holocaust Education Task Force (listed above) and the fulfillment of Florida's Holocaust Education Mandate (mandatory instruction for grades K-12 as per Florida Statue 1000.42g). o Identify the project's intended audience (student, educators, community, etc.).

### Project Staff (250 words max):

- List all staff and consultants who will work on the project.
- Please include all position titles/qualifications and describe which components of the project each staff member will complete/contribute to.
- Please attach hourly rates and outside service quotes when appropriate.

### **Project Rationale (250 words max):**

- Describe the Holocaust education needs fulfilled by this project specifically.
  This may include details concerning: Project audience; region/county served; expressed need from students, teachers, districts, etc.; projected outcome; new or innovative instructional content.
  - The United States Holocaust Memorial Museum provides the following guidelines for creating rationale statements and learning objectives: https://www.ushmm.org/teach/fundamentals/rationale-learning-objectives.

## PROJECT EVALUATION

- Describe how you will evaluate the effectiveness of your project from planning to post-event follow-up.
  - If applicable, include the types of data tracking tools you will use to collect statistical information (quantitative).

 Explain how you will make determinations about participants' understanding of the project and its goals (qualitative).

| PROJECT COMPONENT | EVALUATION |
|-------------------|------------|
|                   |            |
|                   |            |
|                   |            |
|                   |            |
|                   |            |

## **PROJECT TIMELINE**

• Create a timeline with specific calendar dates when project tasks will be accomplished, from planning to post-event follow-up.

| DATES | ACTIVITIES |
|-------|------------|
|       |            |
|       |            |
|       |            |
|       |            |

## PROJECT BUDGET

- Provide a detailed explanation of how all funds will be used to carry out the project
  - o Where applicable, provide quotes that indicate:
    - Vendor; quantity; cost per item; shipping and handling
- Sales tax will not be reimbursed for a 501c3 organization.

**NOTE:** In order to pay consultants and/or speakers there must be a rationale attached for each person, indicating what they contribute to the project.

| EXPENDITURES | QUANTITY | UNIT COST | TOTAL |
|--------------|----------|-----------|-------|
|              |          |           |       |
|              |          |           |       |
|              |          |           |       |
|              |          |           |       |
|              |          |           |       |
| TOTAL        |          |           |       |

# **APPLICANT CERTIFICATION**

Signatures below certify that all application and project information herein are accurate and represent a reasonable estimate of future operations based on data available at the time of application. Further, there are no misrepresentations in the contents submitted in this application or attached supplemental documentation.

| misrepresentations in the content | s submitted in this application of attached supplemental doct | imentation. |
|-----------------------------------|---|-------------|
| Organization Director or Aut      | horized Representative:                                       |             |
| Name:                             | Title:  |             |
| Signature:                        | Date:   |             |
| Project Manager:                  |   |             |
| Name:                             | Title:  |             |

| Signature:                | Date:                        |  |
|---------------------------|------------------------------|--|
| Person Completing Applica | ation (if other than above): |  |
| Name:                     | Title:                       |  |
| Signature:                | Date:                        |  |

### **APPLICATION CHECKLIST**

The following must be completed and received by the Commissioner's Task Force on Holocaust Education in a single packet. Incomplete applications will not be considered.

- Project Contact Information
- Project Narrative (Development, Staff, Rationale)
- Project Evaluation
- Project Timeline
- Project Budget
- Supplemental Documentation
- Application Certificates and Signatures

All projects must align with the mission of the Commissioner's Task Force on Holocaust Education, state academic standards for Holocaust education, and s. 1003.42(2)(g), F.S.

Additional Funding Request Deadline – Requests for additional funding for previously approved applications must be submitted 15 days prior to the start of the event or project.

#### **APPLICATION SUBMISSION**

Completed applications and supporting information must be submitted electronically to

grants@tcc.fl.edu and copied (cc) to holocaustedufl@gmail.com. Please name file attachments according to "HETF Application document name."

#### IMPORTANT!

**Invoice and Proof of Payment Deadline** - All invoices and supporting documentation, including proof of payment, **must be submitted** no later than 30 days after the project completion or the end of the 2022-2023 state grant cycle, whichever is earlier.

**Questions?**