



# **ASSISTIVE TECHNOLOGY GRANT APPLICATION**

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Dear applicant,

Thank you for your interest in applying for the Rocky Mountain Branch of the International Dyslexia Associations' Assistive Technology Grant. Assistive technology allows students who struggle with reading, writing, spelling, and math to stay on track with their grade-level peers as they work through the necessary interventions that address their specific educational needs. This is the 10<sup>th</sup> year the grant has been offered and we have seen some amazing things happen as more students are empowered with the use of assistive technology tools.

This year, we also want to emphasize how important it is to us that the whole school community (teachers, parents, and students) have access to the technology and be properly trained and supported in its use. We feel that this is the most effective way to support learners who use the technology and to help each child achieve their highest potential.

The application deadline is **Wednesday, February 28, 2024** and the grant will be awarded by the end of May. We look forward to receiving your proposal and reading about your innovative thoughts on how to utilize assistive technology to amplify the impact for each learner. To understand how your application will be scored, please download and review our rubric.

If you have any questions, please email us at [ida\\_rmb@yahoo.com](mailto:ida_rmb@yahoo.com).

Sincerely,

The 2023-2024 Assistive Technology Committee

**THE INTERNATIONAL DYSPLEXIA ASSOCIATION - ROCKY MOUNTAIN BRANCH**  
**IDA-RMB**  
**[www.idarmb.org](http://www.idarmb.org)**  
303-721-9425 (voicemail)  
[ida\\_rmb@yahoo.com](mailto:ida_rmb@yahoo.com)  
EIN: 20-2358387



# ASSISTIVE TECHNOLOGY GRANT APPLICATION

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## CONTACT INFORMATION

**Legal Name of Organization:**

DBA (if applicable):

**Mailing Address** (and Physical Address if it is different and not confidential):

**Phone:**       -       -

**Fax:**       -       -

**EIN:**

**Website:**

**Organization Email Address:**

**Name of CEO or Executive Director:**

**Phone:**

**Email:**

**Application Contact & Title** (if *not* the CEO or Executive Director):

**Phone:**

**Email:**

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## ORGANIZATION INFORMATION

**Year Founded:**

**Mission Statement:**

**Geographic Area Served** (specific to this proposal):

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**Tax Exemption Status:**

- ☐ 501(c)(3)  
☐ Using a fiscal agent/fiscal sponsor  
If Yes, name of fiscal agent/sponsor:  
☐ Other than 501(c)(3), describe:

If you are awarded the grant, and at least a year after utilizing the funds, would you be willing to present at one of our annual conferences about your results? Each year, we aim to hold *Reading in the City* around early April in Denver, and we hold *Reading in the Rockies* in late September/early October somewhere west of the Eisenhower-Johnson Memorial Tunnels.

- ☐ Yes  
☐ No
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## GRANT REQUEST INFORMATION

**Amount Requested:**

**Briefly describe what the grant will be used for.** *(More specifics are required below in four sections.):*

**1. Feasibility**

- a) Clearly state the problem you are trying to solve with this request. Please describe in detail how you intend to use assistive technology to solve this problem.
- b) Please briefly define the student population served with the requested assistive technology.
- c) Please explain the role the school and/or district leadership will play in supporting this process?
- d) How do you intend to communicate to parents about how their children will be supported by this project?

**2. Implementation Focus**

- a) Please provide a detailed timeline for implementation, including teacher training and the initial introduction to the student and parent populations?
- b) Describe the initial training/professional learning that will be provided for each community:
  - Teachers:
  - Students:
  - Parents:

- c) Describe the ongoing training that will occur after the initial training. Please include training plans for new teachers, new students and parents, and ongoing training to cover updates and teaching points.

**3. Data Collection:**

- a) How will you measure the impact on student learning?
- b) What tools will you use?
- c) How will you share this information with the students and parents?

**4. Specific Budget Request**

- a) Dollar amount requested (*We typically fund grant requests up to \$3500, but additional amounts may be considered depending on the proposal.*)
- b) Please provide a breakdown of anticipated expenditures under this request to include equipment (software, devices, accessories, etc.) professional development, subscriptions, etc.

**Additional information for the committee to consider (optional):**

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By signing, or typing, my name below, I certify that the information contained in this application is true and correct to the best of my knowledge.

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**CEO/Executive Director (or applicable title)**

**Date**