**2024-2025 Grant Application**

Applicants will be considered based on several factors as noted in the Porto Charities Grant Criteria including:

* How the funds will be used to support individuals with intellectual and developmental disabilities;
* The school’s plan to implement and strengthen an inclusive culture;
* Active participation by recipient schools to promote a strong partnership with Porto Charities to achieve its mission.

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor/Head of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Whichever is Applicable)*

Application Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe how the requested funds will be used to support individuals with intellectual and developmental disabilities. Please be specific as to whether funds would be used to fund staff; e.g., special education professional, classroom assistant; employment of an intern or part/full-time classroom support person with special needs; and/or training and education for staff on inclusion.
2. Describe your school’s background and experience in providing services for students with special needs in detail.
3. Describe your school’s philosophy of inclusion and how you plan to implement an inclusive model.
4. Describe components of your school's model for providing quality inclusive education and implementing students' ICEP. (i.e., use of peer mentoring, etc.)
5. Do you anticipate a need for professional development on best practices in inclusive education? What topics would most benefit your education team?
6. Do you anticipate a need to acquire any specialized equipment that supports students’ learning during the 2024-2025 academic year?
7. Describe your school’s ability to become self-sustaining and financially independent to provide these services in the future.
8. Describe the methods used for educating your parish and/or school community about inclusive education.
9. By signing this application, the School Principal, and the Parish Pastor/or Head of School, agree to the following:

* Support of Inclusive Catholic education and educating the school community on its benefits;
* Willingness to create and sustain a culture of belonging where students with disabilities are welcomed and supported, with special consideration for enrollment extended to siblings of currently enrolled parish families;
* The school has a degreed Special Education teacher on staff, or has a plan to ensure that appropriate educational support exists for the identified student(s);
* The school commits to promoting parental involvement in volunteer opportunities to support Porto Charities’ mission and will agree to assist Porto in identifying an individual to serve as a volunteer Porto Ambassador to our school/parish;

On behalf of the above referenced school, I agree and understand that this Application must satisfy the Grant Eligibility Criteria in order to be considered.

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Principal Date

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

Pastor or Head of School Date

*(Whichever is Applicable)*

**Deadline for application receipt is January 31, 2024**

Please return the completed application to Mr. Bill Mundy – [bill.mundy@portocharities.org](mailto:bill.mundy@portocharities.org)