Grant Application Form

For
Tablets for Students (TFS) Program:

Submit this Form to TRR before: <u>4pm Friday 18th of July 2014</u>

Section 1: CONTACT INFORMATION

1.1   Name of School: _____

1.2

Address:	Village/Town	Island:	Province:
Main contact person:	Main phone number	Mobile number(s)	Email address
Back up contact person	Main phone number	Mobile number(s)	Email address

Section 2: SCHOOL INFORMATION   *(Please tick ✓ appropriate box where applicable)*

2.1   Year levels covered by the school: Years _____   to _____. Additional (if any) _____

2.2   Type of school & Language of communication

       2.2 a. ☐Anglophone   ☐Francophone   ☐Bilingual   ☐Other (*if other, please specify*): _____

       2.2 b.   ☐Government School   ☐Private School (*if Private School please describe*): _____

       2.2 c.   ☐ Boarding only ☐Non boarding only   ☐Both   ☐Others
       (If Others please describe): _____

2.3   Vital Statistics

Total number of students	Total number of staff	Total population of school

2.4   Does the school have a school council? ☐Yes ☐No

       2.4 a. If yes, please complete table below:

Number of Committee Members:	How committee & chair is elected:	Number of meetings per year:

Section 3: SITE REQUIREMENTS   *(Please tick ✓ appropriate box where applicable)*

3.1   Does your school have access to the Internet now? ☐Yes ☐No

3.1 a. If yes, how many days per month does this access work? _____ days per month

3.1 b.   Do you have a WIFI Access Point within range of the classrooms designated for tablet use? ☐Yes ☐No

3.2   Do you have a computer on the local network which can be used to host educational content in the form of a local web server? ☐Yes ☐No

Please note that this should not be a computer that is moved from place to place, but has a fixed position and a wired connection to the local network.

3.3   Do you have place to safely store the tablets when not in use? ☐Yes ☐No

3.3 a.   If yes, please describe:

3.4   Do you have an adequate amount of power points to charge a classroom's worth of tablets (20-30)? This may include the use of surge protectors. ☐Yes ☐No

Note that this Tablets for Students program does not provide any monetary assistance in meeting the requirements stipulated in Section 3.

Section 4: TEACHER CHAMPIONS   *(Please tick ✓ appropriate box where applicable)*

A successful site for receiving tablets will contain one or more teacher champions who will use these tablets in their classrooms often, preferably daily, to assist their teaching and provide students new ways of learning. To gauge teacher commitment please have these champions fill out the following questions in their own words:

TEACHER CHAMPION No. 1:

4.1   Name: _____ Title: _____ Contact: _____
        4.1 a.   Subjects and Class Years Taught: _____
        4.1 b.   What kinds of tablet have you used before? ☐iPad ☐Android ☐Windows ☐Others _____
        4.1 c.   How will tablets help you teach in the classroom?

        _____
        _____
        _____
        _____

        4.1 d.   What local teaching resources do you plan to create and put on the tablets?

        _____
        _____
        _____

4.1 e.   Any other ideas you want to share with us about your plans to use tablets?

_____
_____
_____

TEACHER CHAMPION No.2:

4.2   Name: _____ Title: _____ Contact: _____
     4.2 a.   Subjects and Class Years Taught: _____
     4.2 b.   What kinds of tablet have you used before? □iPad □Android □Windows □Others _____
     4.2 c.   How will tablets help you teach in the classroom?

_____
_____
_____
_____

     4.2 d.   What local teaching resources do you plan to create and put on the tablets?

_____
_____
_____

     4.2 e.   Any other ideas you want to share with us about your plans to use tablets?

_____
_____
_____

TEACHER CHAMPION No.3:

4.3   Name: _____ Title: _____ Contact: _____
     4.3 a.   Subjects and Class Years Taught: _____
     4.3 b.   What kinds of tablet have you used before? □iPad □Android □Windows □Others _____
     4.3 c.   How will tablets help you teach in the classroom?

_____
_____
_____
_____

     4.3 d.   What local teaching resources do you plan to create and put on the tablets?

_____
_____
_____

     4.3 e.   Any other ideas you want to share with us about your plans to use tablets?

_____
_____
_____

Note additional teacher champions can submit their answers to the above questions by attaching additional sheets.

Section 5: TABLET ADMINISTRATION

5.1   Who will be responsible for the tablets when they arrive?

5.2   How will they care for these tablets?

5.3   How will they make sure they are not stolen?

5.4   Who will have access to the tablets?

5.5   What do you plan to do when tablets begin to fail?

5.6   Who on site can provide technical assistance with tablets?

Section 6: SITE POWER   *(Please tick ✓ appropriate box where applicable)*

6.1   How does your school currently get electrical power? ☐UNELCO ☐Generators ☐Solar
        ☐Other (describe) _____

6.2   ANSWER THE FIVE QUESTIONS BELOW ONLY IF YOU USE **A GENERATOR** AS YOUR MAIN SOURCE OF POWER

     6.2 a.   If you use a generator regularly, what size is it (in kVa output)? _____ kVa
     6.2 b.   How old is the generator, in years? _____years or _____running hours (if available)
     6.2 c.   How many hours a week do you use the generator? _____hours per week
     6.2 d.   How many times per month does your generator break down? _____
     6.2 e.   Who maintains the generator now? _____

6.3   ANSWER THE FOLLOWING QUESTIONS BELOW ONLY IF YOU USE **SOLAR POWER** AS A SOURCE OF POWER

     6.3 a.   If you use solar power regularly, what is the wattage per solar panel? _____watts
     6.3 b.   How many solar panels are installed and working? _____
     6.3 c.   How many solar batteries are there? _____
     6.3 d.   What is the nominal voltage and Ampere hour(Ah) rating per battery? ___volts_____Ah
     6.3 e.   How many years old is the solar power system? _____ years
     6.3 f.   How many hours a week do you use solar power? _____
     6.3 g.   What percentage of time does the solar power not work properly? _____%
     6.3 h.   What is the power rating of your inverter? Wattage_____
     6.3 i.   Is it a "Pure Sign Wave" inverter (This is written on the side)? ☐Yes ☐No

6.4   *If your site's power is insufficient to charge the tablets at least once each school day, what will you and your school do to increase your available power? Please describe in detail.*

Section 7: HUMAN RESOURCE CAPACITY   *(Please tick ✓ appropriate box where applicable)*

7.1   How many staff are currently working at the school? Teachers___ Admin staff_____

7.2   Can you give an idea of how many staff members are interested in teaching with tablets inside the classroom? Explain:

7.3   Do you currently have an ICT teacher or technician in the school? ☐Yes ☐No

7.4   Is he or she dedicated full time to computer classes and supervising lab operations? ☐Yes ☐No

7.5   Do you currently have a maintenance agreement with a nearby ICT maintenance person or company? ☐Yes ☐No
       7.5 a.   If Yes, please provide contact details:

7.6   About what percentage of the students in your school now are "computer literate" (meaning "able to turn a computer on and off, use a mouse or track pad and keyboard, write a short document, send an email, search the Internet, navigate the computer file system, and install software")? _____%

Section 8: OVERLAP WITH COMPUTER LAB AND INTERNET COMMUNITY CENTER (CLICC) PROGRAM *(Please tick ✓ appropriate box where applicable)*

TRR will also launch a school-based Computer Lab & Internet Community Center (CLICC) program to provide school and community with internet access. Schools interested in building a CLICC will need to submit a separate application.

8.1   Is your school planning to submit an application for the CLICC program? ☐Yes ☐No

Section 9: MONITORING AND EVALUATION (M&E)   *(Please tick ✓ appropriate box where applicable)*

It is important to the TFS Program that the effort be monitored and evaluated. Your school will be required to submit a quarterly report showing at least the following items: (a detailed M&E form will be provided later to successful schools)

- Average and total amount of time the tablets were used during class
- Number of students who were able to use the tablets
- Student reaction to the tablets
- Success stories using the tablets in classrooms
- Problems with the tablets
- Local content created
- Management and control of tablets (who's looking after them and how?)
- Lessons learned
- Etc.

9.1   Do you have a staff member who will be able to fill out such a report in a timely manner? ☐Yes ☐No

9.2   Can you think of other evaluation measures that the program should use? Describe:

Section 10: OTHER INFORMATION

10.1   If you wish, you can provide additional information to help us understand your proposal and attach it to this application. *(Ensure to list the attachments (if any) in the space provided below).*

Section 11: GETTING HELP IN FILLING OUT THIS APPLICATION FORM

You are welcome to get assistance in filling out this form. Some suggestions:

Principal Education Officers (PEOs)

Name	Province	Email	Contact
Dick Hopkins	Torba	hdick@vanuatu.gov.vu	5342877
Thompson Wari Paul	Sanma	twari@vanuatu.gov.vu	5465348
Helen Vusi	Penama	hvusi@vanuatu.gov.vu	5955814
Renjo Samuel	Malampa	rsamuel@vanuatu.gov.vu	48419 / 7794760
Elmo Joseph	Shefa	ejoseph@vanuatu.gov.vu	24949 / 5640173
Naken Nathaniel	Tafea	nnathaniel@vanuatu.gov.vu	8259 / 554328

<u>Others</u>

Name	Organization	Island Location	Contact
Bosco Boukone	**AUF	Efate	24264 / 5977963
Amanda Russell	* PCV	Tongariki	5985975
Denis Hart	PCV	Tanna	5985337
Jennifer Green	PCV	Tanna	5985972
Jessica Geraci	PCV	Santo	5985341
Ken Kapoor	PCV	Efate	5985976
Lynn Arsenault	PCV	Emao Island - North Efate	5985440
Lynn Overmyer	PCV	Epi	5985978
Michael Hawkins	PCV	Santo	5985971
Michelle Kenney	PCV	Epi	5985437
Michelle Wong	PCV	Ambae	5985334
Molly Geiser	PCV	Epi	5985435
Peter Arete	PCV	Aneityum	7798537
Richard Gornall	PCV	Santo	5355905
Sara Barr	PCV	Malekula	5985327

*PCV: Peace Corps Volunteer

**AUF: Augence Universitaire de la Francophonie

<u>TRR Contact:</u>
Alma Wensi & Jeffrey Tila (UAP Project):
Email: almawensi@trr.vu   Phone: 27621 / 27487
        jeffreytila@trr.vu

11.1   Please list here the authors of this proposal, including any assistance you have received:

11.1 a   Name: _____ Title: _____ Organization: _____
            Contact:_____

11.1 b.   Name: _____ Title: _____ Organization: _____
            Contact:_____

11.1 c.   Name: _____ Title: _____ Organization: _____
            Contact:_____

ANNEX 1: CHECKLIST

Section	Completed?
Section 1: CONTACT INFORMATION	Yes ☐
Section 2: SCHOOL INFORMATION	Yes ☐
Section 3: SITE REQUIREMENTS	Yes ☐
Section 4: TEACHER CHAMPIONS	Yes ☐
Section 5: TABLET ADMINISTRATION	Yes ☐
Section 6: SITE POWER	Yes ☐
Section 7: HUMAN RESOURCE CAPACITY	Yes ☐
Section 8: OVERLAP WITH COMPUTER LAB AND INTERNET COMMUNITY CENTER (CLICC) PROGRAM	Yes ☐
Section 9: MONITORING AND EVALUATION (M&E)	Yes ☐
Section 10: OTHER INFORMATION	Yes ☐