Dripping Springs Education Foundation

#### Innovative Teaching Grant E-Signature Page

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| **Primary Applicant name** | **grade/ Subject / Dept** | **campus** | **Email address** |
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**Please list only one name**; this individual will be notified of the grant approval (Prize Patrol) or denial and is responsible for communicating with additional applicants.

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| **Additional Applicant Names** | **Grade & Subject Currently Teaching** | **Name of Campus** |
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Please list no more than five applicants per campus.

**E-Signature of Principal/Supervisor: (**Please demonstrate your signature by affixing “/s/” before your electronic signature.)

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*In signing this application, I am certifying that this proposed project would be a good use of funds for our school or department.*

**E-Signature of Technology Director: (**Please demonstrate your signature by affixing “/s/” before your electronic signature.)

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*Contact Cindi Wade at X3051 or cindi.wade@dsisdtx.us*

**E-Signature of Business/Purchasing: (**Please demonstrate your signature by affixing “/s/” before your electronic signature.)

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*Contact Michelle Lyons at X3039 or michelle.lyons@dsisdtx.us*

###### Dripping Springs Education Foundation

###### Innovative Teaching Grant Proposal

**PLEASE DO NOT include your name or the name of your school in the subsequent pages of your grant proposal.**

**Type of Activity:** **Grade Level: Level of Activity:**

 **[ ]**  Student Development **[ ]**  Elementary School **[ ]**  One Site Activity

**[ ]**  Staff Development **[ ]**  Middle School **[ ]**  District-wide Activity

[ ] High School [ ]  Multi-site Activity *(your location and at least one additional location/campus)*

**Title of Project**:

**Total Amount Requested:**

**Brief Project Summary** ***(about 100 words or 4-5 sentences***):

**How many students will this project impact in one year? *(Do not state a grade level or the “whole school”. Please give a numerical answer***) \_\_\_\_\_\_\_\_\_\_

**This project is:**

**[ ]  A new grant project**

**[ ]  A request to continue a grant that was previously awarded to me *(If you check
 this box, be sure and explain in your Project Description how this year’s project
 will be different than last year’s project)*****[ ]  A new grant request for me but replicates a previously funded project for a
 different teacher at my school or at a different school *(If you check this box, be sure and
 explain in your Project Description the success of previously funded project)***

Please include the following information in your grant proposal:

**PROJECT DESCRIPTION:**

1. Description of the Proposed Program: Please provide a thorough description of the project, including the duration and the number of students expected to benefit from the program.

2. Describe how your proposal is innovative. How will your project improve, advance or enrich student learning?

3. List the objectives you want to accomplish with this project. In a subsequent section you will outline how you will measure outcomes of the project.

4. Identify the potential for the project to serve as a demonstration or pilot project that can be implemented more broadly in the future.

5. Will the project implement programs or tools that will provide benefits to students beyond the grant cycle year? Will there be future costs associated with the project (e.g., hardware maintenance or replacement costs, software upgrades, etc.)? If so, how will these costs be funded? Has requested technology been reviewed/approved by the District’s Director of Technology?

6. Identify any community, business, and/or parent support of the project. Also, list any matching funds to support this project (e.g. if the PTA or other partners are contributing some of the costs or tools for this project.). (This is not a requirement for funding.)

7. Can this project be implemented with partial funding? (This is not a requirement for funding.)

**MEASUREMENT OF ACCOMPLISHMENT:**

1. If your program is funded, the Education Foundation requires that you submit a Mid-year Progress Report and an End of Year Report evaluating your project’s success given the objectives listed in the Project Description section. How will you measure these objectives over time to determine the impact of the project? What will be your metric(s) of success?

2. How do you plan to share the results of this project and to whom will you share this information?

3. How will the Education Foundation be recognized as a financial supporter of this project?

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| Detailed Work Plan |
| *List below the steps involved in completing your project. Include the positions (not names) of staff responsible for carrying out the activity, date activity will begin and end, and how much money is needed for each activity.* |
| Description of Activity | Positions Responsible | Timeline | Funds Requested for this Activity |
| Date Initiated | Anticipated Completion Date |
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| **Budget** |
| ***List detailed information on how the grant funds will be spent. DO NOT guess at prices. Please research what the actual cost will be for each budget item. Don't forget to include shipping and handling costs. Also, contact the Purchasing Department to confirm that the district has a vendor capable of providing the items requested at bid price.***  |
| **Budget Item** | **Vendor** | **Cost** |
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| Total Cost | 0 |
| **Can this project be implemented with partial funding? Yes [ ]  No [ ]** **If yes, explain here:**  |
| **Have you requested funding from other sources for this project? Yes [ ]  No [ ]**  |
| **If yes, please list the name of the funder and the status of the request**:  |