

# DRIPPING SPRINGS EDUCATION FOUNDATION

## 2018-2019 Innovative Teaching Grants E-Signature Page

PRIMARY APPLICANT NAME	GRADE/ SUBJECT / DEPT	CAMPUS	EMAIL ADDRESS

Please list only one name; this individual will be notified of the grant approval (Grant Patrol), or denial, and is responsible for communicating with additional applicants.

ADDITIONAL APPLICANT NAMES	GRADE & SUBJECT CURRENTLY TEACHING	NAME OF CAMPUS

Please list no more than five applicants per campus.

Have any of the applicants been awarded a grant in the past 2 years? If so, please attach the Mid-Year or Final Report for the awarded grant(s).     yes     no

How was DSEF recognized as the financial supporter of the grant? \_\_\_\_\_

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

*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.)

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

Title of Project: \_\_\_\_\_

# DRIPPING SPRINGS EDUCATION FOUNDATION 2018-2019 Innovative Teaching Grants Proposal

**PLEASE DO NOT INCLUDE YOUR NAME OR THE NAME OF YOUR SCHOOL IN THESE PAGES OF YOUR GRANT PROPOSAL.**

**Type of Activity:**

- Student Development  
 Staff Development

**Grade Level:**

- Elementary School  
 Middle School  
 High School

**Level of Activity:**

- One Site Activity  
 District-wide Activity  
 Multi-site Activity (*your location, and at least one additional location/campus*)

**\*NEW\* Grant Category: (only choose the most applicable category)**

- STEM       Vocational (including agriculture)       Fine Arts       Other

**Title of Project:**

**Total Amount Requested:** \_\_\_\_\_ (max grant award is \$8,000.00; see “Budget” in ITG Guidelines)

**A *Brief* Project Summary:** You will have the opportunity for detailed description later. Please limit to 4-5 sentences here.

**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*)

**Title of Project:** \_\_\_\_\_

Please include the following information in your grant proposal:

**PROJECT DESCRIPTION:**

1. Please provide a thorough description of the project, including the duration and the number of students expected to benefit from the program.
2. Innovation: How will your project improve, advance or enrich student learning in a new way?
3. What are 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?
6. If your proposal includes any technology, has the requested technology been reviewed/approved by the District's Director of Technology?
7. If you have already received community, business, and/or parent support of the project, please list here. 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.)
8. 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?

**Title of Project:** \_\_\_\_\_

### 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	

## 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 see if the district has a vendor that can provide the items requested at bid price.*

Budget Item	Vendor	Cost
TOTAL COST		

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: