
**Alief ISD Education Foundation
2020-21 School Year Innovative Education Grant Signature Page**

Title of Grant _____

PRIMARY APPLICANT NAME	GRADE/ SUBJECT / DEPT	CAMPUS	EMAIL ADDRESS

ADDITIONAL APPLICANT NAMES INCLUDED IN PROJECT	SIGNATURES	GRADE & SUBJECT CURRENTLY TEACHING	CAMPUS

If more than eight applicants, please include additional applicants on a separate piece of paper and insert after this page in your application.

Signature of Principal/Supervisor:

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

Signature of SDC Facilitator:

In signing this application, I am certifying that this proposed project supports the campus action plan.

Alief ISD Education Foundation 2020-21 School Year Innovative Education Grant Proposal

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:

(check boxes that apply)

Student Development

Elementary School

One Site Activity
(Maximum of \$1,500)

Staff Development

Middle School

District-wide Activity
(Maximum of \$2,500)

High School

Multi-site Activity *(your location and at least one additional location/campus)* (Maximum of \$2,000)

Title of Project:

Total Amount Requested: *(must match the budget page)*

\$

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: (check boxes that apply)

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)*

A grant that includes the purchase of tech software and/or hardware.

PROJECT DESCRIPTION

1. Provide a thorough description of the project and the need it addresses. Explain the duration of your project (i.e., two weeks, one year) and if available, include data to support your project. Describe how your project will motivate students and how it is innovative or novel. If the project expands on a previously funded Foundation grant, explain how. Include what educational theory supports your submission of this grant proposal.

2. Specifically, how will your project improve, advance or enrich student learning? How does this project support the Campus Action Plan? Provide specific goal(s) and objective(s).

3. List the project objectives and how these objectives will be measured.

4. List any matching funds to support this project. For example, if your campus, PTO or other partners are contributing some of the costs for this project, list them here.

(This is not a requirement for funding so if it does not apply to your project, just leave this blank)

Detailed Workplan

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. Be specific and provide a detailed timeline.

Description of Activities Involved	Positions Responsible	Timeline		Funds Requested for this Activity
		Date Initiated	Anticipated Completion Date	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

Not all steps may require funds

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. **You must use district approved vendors and district approved products.**

If you need additional lines for your budget, continue on a separate page, print the additional page and then attach to all copies of your proposal. Use whole dollars only.

Budget Item	Vendor	Cost
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
Total Cost		0

Can this project be implemented with partial funding? Yes No

If yes, explain here:

Does total cost match total amount requested on page 2 ? Yes No

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:

Measurement of Accomplishments

1. List the outcomes that you will use to measure success of your project (outside of standardized testing). In other words, how will you know that this project was successful and should be replicated in other classrooms?

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 the financial supporter of this project?