|  |  |
| --- | --- |
|  | **2020-2021 TEACHER INNOVATION GRANT PROGRAM****1/GRANT APPLICATION COVER SHEET** |

|  |
| --- |
| The full grant application consists of the cover page, title page, narrative, project budget, budget justification (if applicable), and optional appendices. The cover and title page must use the forms included in this package. The narrative is not placed on a form, but must follow the format described in the instructions. A sample budget table is included in this application package, but you may substitute your own format. A separate document is attached to this email with instructions for creating the application and filling in these forms. Reading and following the instructions is essential for a fair evaluation of the grant by the review committee. **Grant applications must be submitted electronically**. Send to Christine Reilly **by the deadline of Friday, April 3, 2020.** If you have any questions, please contact Christine Reilly at creilly@alexeducationfoundation.org or (320) 815-5052. |

This cover sheet will not be seen by the review team and is the only place in the grant where the project team and project sites should be identified by name.

|  |
| --- |
| Project title:       |
| Project leader name:      Title:      Telephone:       Email:       |
| Other key members of the project team (names, titles):       |
| Project site(s):       |

**Signature section**

By signing, the project leader and key project members assure that they have discussed this proposal with their principals or supervisors and will commit the time needed to conduct the work described in this application; Principals and supervisors assure that the project team members have approval to implement the project and that the project meets the overall mission of their site or program within the District.

**CHECK IF AGREED (**[ ] **) I have verified that funding for this project is not available from normal site or other district budgeting sources. (** [ ]  **) I will complete and submit the required status and final report to the Alexandria Education Foundation [AEF] within four weeks of project completion.**

|  |
| --- |
| Project Leader signature and date:       |
| Signatures of all key members of project team named above:       |
| Signature of principal(s) or supervisor(s):       |
| If your grant is for technology, please confirm that it has been reviewed by Kevin Brezina, Alexandria Public Schools Technology Director, before submitting as a grant request.       [Initial here]. |

|  |  |
| --- | --- |
|  | **INNOVATION GRANTS PROGRAM****2/GRANT APPLICATION TITLE PAGE** |

|  |
| --- |
| Project title:       |

|  |
| --- |
| Project summary (100 words max):       |

|  |
| --- |
| Approximate number of students impacted by the project:      Grade level(s) of students impacted by the project:      Number of sites (schools) involved in the project:       |

|  |
| --- |
| Total project budget ($):      Amount being requested from AEF ($):       |

|  |
| --- |
| Project start date:      Project completion date:       |

|  |  |
| --- | --- |
|  | **INNOVATION GRANTS PROGRAM****3/GRANT PROJECT DESCRIPTION** |

|  |
| --- |
| 1. **Need:** Describe the student, teacher or program need that your project is addressing. Provide background to the problem you are trying to solve. Why is this need significant and why is your project necessary?

 |

|  |
| --- |
| 1. **Innovation:** How is innovation incorporatedwithin this project? Please addresshow this grant supports the Alexandria Education Foundation’s mission **“**to support student excellence and expanded learning opportunities by securing and maximizing resources**”**.

      |

|  |
| --- |
| 1. **Objectives and Work Plan:**

List the specific objectives of the project (a numbered or bulleted list is fine).Describe in detail the work that will be done during the course of the project. Describe how any equipment will be utilized, the format and content of any training, if project involves more than one classroom, site, etc. and how it will happen. Insert additional pages here, if necessary.Provide a timeline. List key dates associated with major project milestones and deliverables. Provide sufficient information so that this can be used as a planning chart to track project progress. |

|  |
| --- |
| 1. **Impact and Replication**

Describe how the project methods and results will be shared with others in the district and if appropriate, to those outside the district leading to greater impact from your work.1. **Evaluation**

List the evaluation criteria to define the project’s success after completion. If applicable, use quantitative (measurable) criteria and define the rating system for each criteria. |

**INNOVATION GRANTS PROGRAM**

**4/PROJECT BUDGET**

Please use these categories: “Training, Supplies, Equipment, Travel, Consultants, Other.” Include a detailed breakdown of all costs associated with the grant request.

|  |  |  |
| --- | --- | --- |
| **Category** | **Description** | **Estimated Cost ($)** |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |

|  |  |
| --- | --- |
| Total project costs ($) |       |
| Amount requested from AEF ($) |       |
| Amount from other sources ($) |       |
| List names of sources: |  |
|       |       |
|       |       |
|       |       |
|       |       |

**INNOVATION GRANTS PROGRAM**

**5/BUDGET JUSTIFICATION**

If applicable, use this section to explain travel expenses, any unusual costs associated with the project, and to list organizations (e.g. PAC or other entities) that have committed to provide matching funds and the amount of their match.

|  |
| --- |
|       |