**Innovative Teaching Grants**

**Grant Application Packet for Teachers**

**Innovative Teaching Grant**

**2020 Spring Timeline**

**January 7, 2020** Call for Grants

 January 7, 2020 – March 27, 2020

 Grant Writing Assistance

 Contact: Debbie Witte

 dkwitte@live.com or 830-534-5463

 Grant writing assistance provided at your convenience.

Grants to be submitted to:

Debbie Witte, VP Programs, for review before final deadline.

**March 27, 2020 - Grants Due (Final Deadline)**

March 27- April 3, 2020- Grant applications submitted to Grant

 Selection Committee

April 3-6, 2020 -Grant Selection Committee meets with VP of Programs prior to regular KCISDEF meeting Monday April 6, 2020.

April 6, 2020 – Grants submitted to the Education Foundation Board of Directors.

April 13, 2020 - Grants submitted to the KCISD School Board

 **May, 2020 - Badger Pride Patrol!**

**Innovative Teaching Grants**

**Guidelines for Grant Applications**

Purpose:

Innovative Teaching Grants are designed to encourage, facilitate, recognize and reward innovative and creative instructional approaches to the accomplishment of program objectives. The Karnes City ISD Education Foundation (KCISDEF) is offering teachers and administrators the opportunity to apply for grants to support innovative programs or projects to support higher levels of student learning. The grants must enhance student academic performance and support the objectives, goals, and initiatives of the Campus Improvement Plan.

Persons Eligible to Apply for Grants:

Individuals or teams of individuals employed by Karnes City ISD who are involved in the instruction of students or related support services benefiting students.

Eligible Proposals:

Instructional approaches or projects are designed to begin the school semester following the semester the grant is awarded and which meet the selection criteria. Grants may fund instructional and classroom materials, parent involvement programs, or any activity or material which supports higher levels of student academic achievement.

Award of Funds:

Grants of $1,000 may be awarded to individual teacher initiated programs or projects. Grants of $3,000 may be awarded to campus teams, departments and district initiated programs or projects. A minimum of $6000 will be awarded for grants. The number of awards will depend on funds available from KCISDEF.

Selection Criteria:

* The degree to which the grant supports the District goals and the Campus Improvement Plan and is specifically designed to address an area of need substantiated by data.
* The degree to which student academic performance is emphasized.
* The degree to which sound evaluation procedures are incorporated in the proposal.
* The degree to which the proposal represents a creative or innovative approach to the accomplishment of objectives. Funds are not typically available for recurring programs/projects. (The proposal should address a new project as opposed to one accomplished or under way; however, if an implemented grant can show substantial improvement in student performance, then applicant can reapply using data to prove need for recurring program.)
* The degree to which the proposal is clear and logical, including (a) specificity of objectives; (b) clarity of description of instructional procedures, methods or treatments; and (c) correspondence among evaluative procedures, objectives and treatments.

***Grant Applications should be submitted to the KCISDEF electronically.***

***Email grants to hmadrigal@kcisd.net***

*A hardcopy with original signatures on the cover sheet must be forwarded to the KCISDEF located at the districts central office.*

Selection Process:

1. Application forms may be obtained online through the web page or through email from campus principal.
2. Teacher initiated applications must be reviewed by Campus Administration for congruence with campus programs and signed by the principal.
3. Signed applications are due to the KCISDEF office, no later than the date selected by the KCISDEF Board of Directors.
4. Applications will be reviewed and commented on by the Grant Application Review Committee made up of the following members:
	1. Six KCISDEF directors appointed by the president of the KCISDEF Board of Directors
	2. Director of Special Programs
	3. Others as determined by the KCISDEF Board of Directors
5. If recommended for approval, the application is presented to the Board of Directors of KCISDEF in summary form for review and formal approval.
6. If approved by the KCISDEF Board of Directors, the application is collectively presented to the Karnes City ISD School Board for formal acceptance of the grant funds.
7. Applicants will be notified of decisions by the date specified in the grant timeline.

Responsibilities of Grant Recipients:

* Use the awards for the purposes intended.
* Funds must be expended by the end of the semester immediately following award notification. Projects awarded must be fully implemented by the end of the following semester.
* Project must be fully implemented and final report submitted to KCISDEF before recipients can submit an application for another grant.
* Agree to share successful procedures in staff development sessions.

**When applying for a grant, please remember the following:**

* Do not use the name of your campus in the application.
* Grants are to be used to fund projects that cannot be provided for in the school and district budgets.
* Objectives and outcomes should be consistent with the goals of your campus and the district.
* Grants cannot be used to fund teacher training or travel. When creating your budget, research carefully and be realistic. Small grants are just as likely to be awarded as large grants. Partial funding will be considered. Funds will not be awarded for budgeted items available from district resources.
* Projects awarded must be fully implemented by the end of the following semester.
* ***Grant Applications should be submitted to the KCISDEF electronically.*** *Email application as an attachment to* hmadrigal@kcisd.net*. A hardcopy with original signatures on the cover sheet must be forwarded to the KCISD central office by the grant deadline specified on the grant timeline.*

**Tips for a Successful Application**

*Statement of Need:*

* Describe the area of student achievement you wish to address and give any data that supports the need. Please include how this grant addresses district and campus goals.
* Keep the statement simple and straightforward.
* Show how project relates to the District/Campus Action Plan(s).

*Objectives:*

* Limit the number of objectives.
* Imply or state evaluation in the statement of objectives.
* Be specific.

*Description of Proposed Project/Activity:*

* Describe the problem or issue addressed.
* Show how the project supports the purpose.
* List steps to be followed in project implementation.
* Relate project to need and objectives.
* Be specific.

*Evaluation:*

* Relate to stated objectives.
* Indicate how you will know whether the project was successful.

*Partners:*

* Are there others who will participate in this project? (CIS, Rotary, Lion’s Club)
* What will their roles be?

**Innovative Teaching Grant Application**

**Cover Page**

Project Title:

Name of Applicant(s) Signature of Applicant(s)

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School(s)

Grade(s)

Subject(s)

Number of Students:

Amount of Grant:

Primary target population to be served:

  students (target group:      )

       parents

       teachers

Implementation dates:

Signature of Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_

Signature of Director of Instructional Technology\* \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

*\* Required when funds will be used to purchase technology and/or media equipment.*

Signature of Director of Facilities\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

*\* Required when funds will be used for construction or maintenance.*

|  |
| --- |
| Abstract (no more than 100 words)      |

*(This page will not be seen by the Review Committee)*

**Innovative Teaching Grant Application**

**IMPORTANT - Do not include the name of your campus in the Project Title or application**

**Project Title:**

Grade(s)  Subject(s)­­­ Projected Number of Students

 (List each grade level)

CHECK ONE: This project is:

  new to the district  new to my campus new to me.

CHECK ONE: Have you received funds for this project from KCISD previously?

Yes  No

DIRECTIONS: Please provide a summary for each area listed below.

|  |
| --- |
| **Need:** (Describe the area of student achievement you wish to address and give any data that supports the need. Please include how this grant addresses district and/or campus goals.)      |

|  |
| --- |
| **Objectives:** (State measurable objectives in terms of student behavior or performance.)      |
| **Description of Proposed Project/Activity:** (Describe what you want to do with the grant funds. List activities and timeline. How is it innovative?)      |
| **Evaluation Strategy:** (Describe how you will know if your objectives are met. How will you share your program’s successes with your peers?)      |
| **Partners:** (Identify any school and/or community partners involved in the project and their respective roles.)      |
| **Sustainability:** (If funded, how will you continue the program/project in the future? What will be the recurring costs? How will this program/project be funded in the future?)      |

DIRECTIONS: Note the budget distribution for each category. Be specific.

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Items** | **Amount** | **Vendor** | **Budget Code****Business Office Use** |
|       |       |       |       |
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| Contracted Services (list consultants) |  |  |  |
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| Other: |  |  |  |
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**Karnes City ISD Education Foundation**

**Criteria for Grant Approval Reviewer Score Sheet**

Application Number       Evaluator #

Project Title:­­­­

*Please rank the effectiveness of each item with 3 being high and 1 being low. Circle the number that best describes each statement.*

|  |  |  |
| --- | --- | --- |
| *Criteria* | Weighted Amount | Weighted Total |
| Need is clearly stated. Supports district’s and campus’ goals. |  3 |  2 |  1 |  X 3 |       |
| Objectives are specifically stated and measurable.  |  3 |  2 |  1 |  X 2 |       |
| Activities/procedures specifically stated and relate to purpose and objectives. Innovation is apparent. |  3 |  2 |  1 |  X 3 |       |
| Evaluation strategy is clearly stated and relevant to the objectives and student performance. |  3 |  2 |  1 |  X 2 |       |
| Budget is complete, realistic, accurate and appropriate. |  3 |  2 |  1 |  X 2 |       |
| Project includes participation and support of parents, community and/or business partners. |  3 |  2 |  1 |  X 1 |       |
|  **GRAND TOTAL** |       |

**Please check the statement below that best describes how you would rank this application.**

­­­­­­­­­     I would definitely recommend funding this project.

     I would recommend partial funding. Amount? $

     I would recommend funding this project if there were extra money.

     I would not recommend funding this project.

Additional Comments (please use back if necessary)