



Innovative Teaching Grants

Grant Application Packet for Teachers



**Innovative Teaching Grants
Fall 2024**

August 8	Publish grant application to DISD staff
Oct. 16	Grant applications Due
Oct. 21-31	Review Committee meets
Dec. 2	Education Foundation Board of Directors Meeting
Dec. 16	School board meeting for final approval
Jan. 7	Grants funded

"If an extraordinary opportunity arises outside of the grant cycle, the DEF board reserves the right to consider awarding grant monies as an exception to grant timeline parameters."



**Innovative Teaching Grant Application
Cover Page**

Project Title: _____

Check one: Single applicant Grade-level or department applicant

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

School(s) _____

Grade(s) _____

(list each grade level)

Subject(s) _____

Number of Students _____

Amount of Grant \$ _____

Primary target population to be served:

 ___ students (target group: ___)

 ___ parents

 ___ teachers

Implementation dates: _____

Signature of Campus CIS _____ Date _____

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) _____ 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 DISD 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 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
Supplies (please list)			
Equipment			
Contracted Services (list consultants)			
Other:			
TOTAL			

**Education Foundation
Criteria for Grant Reviewer Scoring Matrix**

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.

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.

<i>Criteria</i>				Weighted Amount	Weighted Total
Need is clearly stated. Supports districts 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					

Additional Comments (please use back if necessary)