



## **Innovative Teaching Grants**

### **Grant Application Packet for Teachers**



### **Innovative Teaching Grants 2022 Timeline**

<b>August</b>	<b>Grant Workshop</b> August 12 <sup>th</sup> 1:00 pm to 2:00 pm Central Office Board Room
<b>September</b>	<b>Call for Grants last week of September</b>
<b>October</b>	<b>Grants due October 31<sup>st</sup></b>
<b>November</b>	<b>Grant applications submitted to Grant Committee for review</b>
<b>December</b>	<b>Education Foundation Board of Directors Meeting</b>
<b>January</b>	<b>Grants submitted to the School Board</b>
<b>January</b>	<b>Panther Prize Party!</b>



## **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. Aransas Pass ISD Education Foundation (APISDEF) is offering teachers, administrators, and staff 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 Action Plan.

### Persons Eligible to Apply for Grants:

Individuals or teams of individuals employed by the Aransas Pass School District who are involved in the instruction of students or related support services benefiting students.

### Eligible Proposals:

Instructional approaches or projects designed to begin during the 2022-2023 school year, 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 will be awarded to individual teacher-initiated programs or projects. Grants will also be awarded to campus teams, departments and district-initiated programs or projects. The number of awards will depend on funds available from APISDEF.

#### Selection Criteria:

- The degree to which the grant supports the goals of the District and the Campus Action 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.)
- 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 APISDEF electronically.***

*Email application as an attachment to shultzcl@hotmail.com*

*A hardcopy with original signatures on the cover sheet must be forwarded to the APISDEF.*

#### Selection Process:

1. Application forms may be obtained online through the web page.
2. Teacher initiated applications must be reviewed by the Campus Leadership Team for congruence with campus programs and signed by the principal.
3. Signed applications are due to the APISDEF office, no later than the date selected by the APISDEF Board of Directors.
4. Applications will be reviewed and commented on by the Grant Application Review Committee made up of the following members:
  - a. Three (or more) Education Foundation directors appointed by the President of the APISDEF Board of Directors.
  - b. Three Community Representatives as approved by the APISDEF Board of Directors
  - c. Assistant Superintendent/Director for Curriculum and Instruction (nonvoting) OR Director of Elementary Curriculum and Director of Secondary Curriculum (nonvoting members)
  - d. Others as determined by the APISDEF Board of Directors
5. If recommended for approval, the application is presented to the Board of Directors of APISDEF in summary form for review and formal approval.
6. If approved by the APISDEF Board of Directors, the application is collectively presented to the Aransas Pass school board trustees for formal acceptance of the grant funds.
7. Applicants will be notified of decisions by the date specified by the committee.

### 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 APISDEF before recipients are eligible to 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 school 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 APISDEF electronically. Email application as an attachment to shultzcl@hotmail.com. A hardcopy with original signatures on the cover sheet must be forwarded to the APISDEF office.***

### **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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Principal \_\_\_\_\_ Date \_\_\_\_\_

Signature of Technology Director\* \_\_\_\_\_ 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.

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

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 APISDEF 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.)

**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			