Educator Grant Application

This is an example of the grant application. DO NOT TRY TO FILL OUT THIS FORM. Teachers who have submitted a Letter on Inquiry will receive a link to the online application after the Letter of Inquiry is reviewed.

* Required

1. Email address *

_____

2. Date *

_____

Example: January 7, 2019

3. Project Title *

_____

4. Applicant Name(s) (if more than one applicant, list primary contact first) *

_____

5. Primary Contact's Phone: *

_____

6. Applicant(s) Position(s) *

Check all that apply.

☐ Teacher

☐ Administrator

☐ Teacher Librarian

☐ Resource Teacher

☐ Differentiation Specialist

☐ ELL Specialist

☐ Math Specialist

☐ Reading Specialist

☐ Social Worker

☐ Occupational Therapist

☐ Physical Therapist

☐ Speech & Language Pathologist

Other: ☐ _____

7. School(s) *

Check all that apply.

☐ CHMS

☐ HMS

☐ Elm

☐ Madison

☐ Monroe

☐ Oak

☐ Prospect

☐ The Lane

☐ Walker

Other: ☐ _____

8. Overview (Provide a summary of the project not to exceed 250 words.) *

_____

_____

_____

_____

_____

9. How will this proposal enhance the educational experience of District 181 students? *

_____

_____

_____

_____

_____

10. How will you evaluate the success of your proposal?

_____

_____

_____

_____

_____

11. Is this proposal an educational opportunity/tool that is currently not available in District 181? *

Mark only one oval.

◯ Yes

◯ No

◯ Unsure

12. Is this proposal an educational opportunity/tool that will be immediately available to multiple schools throughout the District? *

Mark only one oval.

◯ Yes

◯ No

13. Which schools will be immediately impacted by this proposal? *

Check all that apply.

☐ CHMS

☐ HMS

☐ Elm

☐ Madison

☐ Moroe

☐ Oak

☐ Propect

☐ The Lane

☐ Walker

14. Which grade levels will this proposal impact? *

Check all that apply.

☐ Pre-K

☐ Kindergarten

☐ 1st

☐ 2nd

☐ 3rd

☐ 4th

☐ 5th

☐ 6th

☐ 7th

☐ 8th

15.   Which area(s) of the curriculum will be enhanced?

Check all that apply.

☐ Language Arts

☐ Mathematics

☐ Social Studies

☐ Science

☐ Art

☐ Foreign Language

☐ Music

☐ Physical Education

☐ Middle School Encore

☐ SELAS

Other: ☐ _____

16.   If this proposal is meant to support a special subgroup of student (i.e. gifted, special needs, ELL, etc.), please describe the subgroup.

_____

_____

_____

_____

17.   Which current year District 181 strategic priorities does this proposal support? (Select all that apply) *

Check all that apply.

☐ Balanced Literacy

☐ STEAM Integration

☐ Math Workshop Model - Small Group Instruction

☐ New Math Interventions for Struggling Students

☐ Social Emotional Learning & Competencies for Staff and/or Students

☐ None of the Above

18. Based on the answers above, please select the maximum amount you believe this proposal is eligible to receive *

   Check all that apply.

   ☐ $5000 - impacts multiple schools and supports a current year strategic goal
   ☐ $2500 - pilot that impacts one school and supports a current year strategic goal
   ☐ $2000 - impacts multiple schools, but does not support a current year strategic goal
   ☐ $1000- pilot for one school, but does not support a current year strategic goal

19. Amount Requested (Please do not exceed the maximum funding determined in the question above) *

   _____

20. Does the proposal require additional funding from other sources to be successfully implemented? *

   Mark only one oval.

   ◯ Yes
   ◯ No

21. If yes, is that funding secured?

   Mark only one oval.

   ◯ Yes
   ◯ No
   ◯ Maybe

22. Does this proposal require ongoing operating funds or does it have regular replacement/maintenance costs? *

Mark only one oval.

◯ Yes

◯ No

23. If yes, how will they be funded?

_____

_____

_____

_____

_____

24. Please list the major steps required to successfully complete the proposal?

_____

_____

_____

_____

_____

25. After funding is received, when would work begin on the proposal?

_____

26. How long will it take to complete the proposal?

_____

27. In which school year do you expect the first invoices/receipts to be submitted?

_____

28. In which school year do you expect the final invoices/receipts to be submitted? (Please note funds not used within 2 years of receipt will be remitted back to the District 181 Foundation).

_____

29. Please describe any instructional materials that will be purchased: (i.e. books, curricula, etc.)

_____
_____
_____
_____
_____

30. Cost of instructional materials:

_____

31. Please describe any supplies to be purchased: (i.e. copying, printing, paper, art supplies, other non-reusable items.)

_____
_____
_____
_____
_____

32.   Cost of supplies:

_____

33.   Please describe any proposed technology purchases: (hardware and/or software)

_____

_____

_____

_____

_____

34.   Cost of technology:

_____

35.   Please describe any other equipment to be purchased: (all reusable non-technology items)

_____

_____

_____

_____

_____

36.   Cost of equipment:

_____

37. Please describe and consulting or training fees to be incurred: (i.e. course fees, artists in residence, performers, trainers)

_____

_____

_____

_____

_____

38. Cost of training/consultants:

_____

39. Stipend (for hours worked outside the school day). List the type of activity and expected hours. (Stipend Rate $40)

_____

_____

_____

_____

_____

40. Stipend amount:

_____

41. Total Cost(may not exceed the amount requested):

_____

42. If awarded a grant, I agree to the following (please check):

Check all that apply.

☐ To implement the grant in a timely manner

☐ To provide pictures of the project as it is being implemented and when completed

☐ To complete and return a Grant Evaluation Form

Google Forms