WILLIAMSPORT AREA SCHOOL DISTRICT

EDUCATION FOUNDATION

2018-2019 Teacher Mini-Grant Application

The Williamsport Area School District Education Foundation's Teacher Mini-Grant Program is designed to give WASD teachers the opportunity to enhance educational opportunities and activities for students through innovative and creative projects. Teacher Mini-Grants provided by the foundation may be awarded up to $1,500 per project.

Grant Requirements and Limitations:

- Deadline: Applications must be submitted to the WASDEF office at the District Service Center no later than **4:30 p.m. on Friday, October 19, 2018**.

- Applications must be complete to be considered. This includes a clearly designed plan and a detailed budget, including researched costs.

- Applications must have **all** required signatures. It is STRONGLY recommended that applicants get the signatures of these individuals well in advance of the deadline. Applications without all required signatures will not be considered.

- Applications will be evaluated and reviewed for recommendation by the foundation's Finance and Allocations Committee on October 24, 2018, for full WASDEF board approval on Wednesday, November 14.

- **Applicants will be notified about their grant status on or by Friday, November 16, 2018.**

- Grants will be awarded based on innovation, creativity, educational value and enrichment benefits of the activity.

- All equipment, materials, and non-consumable items become the property of WASD once the project is completed or discontinued.

- A teacher may only receive one Teacher Mini-Grant grant per year.

- Grants will not be given for parties, incentive gifts, or classroom supplies.

An Outcomes Report must be submitted to the Foundation office at the DSC no later than Friday, May 31, 2019. The evaluation should include a narrative explanation, pictures and any other pertinent information — *including copies of ALL receipts/invoices* — to demonstrate the success of the activity or program. Previous grant recipients with an outstanding Outcomes Report(s) will not be considered.

Any and all publicity associated with the grant program must state that the program or project was supported through the Teacher Mini-Grant Fund at the Williamsport Area School District Education Foundation.

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Teacher Mini-Grant Application Checklist

As you go through the steps of completing your application, please use this checklist to ensure the application is completed correctly.

Checklist:

☐ **I have researched all costs and set forth a detailed budget (page 6 of the application).**

☐ **No grant money will be used for parties, student incentives, or regular classroom supplies.**

☐ **My proposal is clearly defined in terms of the numbers of students participating, the frequency of any activities or events, and the extent of any transportation requirements.**

☐ **I have included a typed, double-spaced summary of the project.**

☐ **My grant request has been approved/signed by the appropriate individuals.**

☐ **I have acquired <u>all</u> required signatures.**

Remember, successful applications typically

- *include a culminating event, project or activity,*
- *provide students with a novel experience, and/or*
- *involve students in activities not normally funded by the school district,*
- *show sustainability (can continue without future funding).*

PRINT NAME: _____ **Date:**_____

BUILDING: _____

Please be sure this sheet in stapled to the top of your application.

WILLIAMSPORT AREA SCHOOL DISTRICT
EDUCATION FOUNDATION

Grant Application
for Teachers
2018-2019

"Creating powerful classrooms and inspiring futures."

Applicant(s):_____

_____

_____

E-mail:_____

Building Phone Number(s):_____

_____

Applicant(s)'s Signature & Date:

_____

_____

_____

_____

_____

_____

School(s) benefiting from these funds:

_____ Cochran Primary

_____ Hepburn-Lycoming Primary

_____ Jackson Primary

_____ Stevens Primary

_____ Curtin Intermediate

_____ Lycoming Valley Intermediate

_____ Williamsport Area Middle School

_____ Williamsport Area High School

If funded I/we agree to submit Post-Project Evaluation by May 31, 2019. ☐

Teaching Grade Level & Curriculum Areas Emphasized in Project:

_____

Assistant Superintendent:

_____

Signature   Date

Building Principal:

_____

Signature   Date

Curriculum Supervisors:

_____

Signature   Date

_____

Signature   Date

Proposal/ Project Title: _____

Amount Requested: $ _____

1. **Which Pennsylvania State Standards, Performance Standards or Benchmarks are being met through this project for enrichment?**

2. **How are you going to evaluate the success of the project with respect to student learning?**

    _____ **Samples or exhibits of student work**   _____**Other data tools**

    _____ **Pictures/videos**   _____**Other: Please identify**

    _____**Written student testimonials**

    _____**Student Productions**

Brief description of what will be done with the tool(s) identified above:

3. **In the event of budgetary constraints, can this project be completed with partial funding? If so, what aspects of the project would be emphasized and/or changed?**

4. **Are you receiving additional funding for this project? Please list other sources and amounts.**

I.   **Project Narrative *(No more than two pages, double-spaced.)***

Please include *who, what, why, when and how.* **Also, please include your intended timeline for this project, and benefit for educational growth and enrichment.**

The narrative must reflect:
- *A clear link to improving student achievement.*
- *Goals that are long-term and ongoing, including statement of need and a plan to address the need, and outlines how to measure its success.*
- *An introduction of a uniquely new and creative/imaginative activity.*
- *A project that can be used to reinforce the district's educational program.*
- *A project that provides considerable benefit to the student experience.*
- *A project that demonstrates sustainability.*

II. Budget

The detailed budget should show a description of all purchases and projected expenditures. Please list the costs of books, materials, tools, equipment, supplies, etc.

Item	Quantity	Cost per Unit	Total Cost	Supplier or Source (if identified)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

TOTAL: _____

PLEASE RETAIN A COPY OF THIS APPLICATION REQUEST FOR YOUR RECORDS.