## Innovative Teaching Grant Application Cover Page

(To be completed by Grant Applicant)

*Grant applications should be submitted to Hillsboro ISD Education Foundation at the Hillsboro ISD Administration Building. Due Date: 4:00 P.M. on July 15, 2020. No applications will be accepted after this time.*

Project Title:

Name of Applicant(s): Signature of Applicants

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:

Date:

*Signature of Principal*

Date:

\* *Signature of Director of Technology*

Date:

\*\* *Signature of Director of Special Education*

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

*\*\* Required when funds will be used for purchases in the Special Education Department*

*Abstract (no more than 100 words)*

The Review Committee will not see this page. However, if your grant is funded, this information will be quoted in HISD Education Foundation publicity.

**Grant Application**

(To be completed by Grant Applicant)

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 Hillsboro Independent School District previously?

* + Yes No

DIRECTIONS: Please provide a summary for each area listed on the following pages.

**1. Objectives-** What do you need to increase student achievement and/or engagement for your students? Include supporting data that indicates the need.

**2. Description of Proposed Project/Activity-** Describe what you want to do with the grant funds. How does your proposal address: critical thinking, collaboration, communication and creativity? Give examples of activities/projects/timeline.

**3. Evaluation Strategy-** What student evaluation method(s) will be utilized to determine enhanced student achievement and engagement?

**4. Sharing Your Project-** You will be required to share about your experience in a staff meeting this year. You will also be required to share information with your parents and encourage them to consider donating to HISDEF. How will your students share their learning with others? (global community, locally, with other students, presentations, parent night, etc.)

**5. Sustainability-** If funded, how will you continue the program or project in the future? Will there be recurring costs? How will this program or project be funded in the future?

**DIRECTIONS:** Note the budget distribution for each category. Be specific. Total must be correct. Do not include tax. Attach additional pages as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Items | Amount | Vendor | Budget Code  Business Office Use |
| Supplies (please list) |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Equipment |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Contracted Services |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Other: |  |  |  |
| Shipping: |  |  |  |
| **TOTAL** |  |  |  |

# Grant Applications should be submitted to Hillsboro ISD Education

***Foundation Board as an email attachment to:***[hanson@hillsboroisd.org](mailto:hanson@hillsboroisd.org)

## Six hardcopies with original signatures on the cover sheet must be delivered to the HISD Education Foundation office.

Signature below states that item(s) will not be funded by campus budget, amount over grant limit will

be covered by the campus budget, and the item(s) are compatible with the classroom equipment.

Principal’s Signature Date

H ISDEF

Criteria for Grant Approval Reviewer Score Sheet

Application Number

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:** Student achievement is clearly stated. Supporting data is supplied. | | 3 | 2 | 1 | X 3 |  |
| **Objectives:** Specific goals, objectives, and strategies are listed. Alignment to stated need is explained. | | 3 | 2 | 1 | X 2 |  |
| **Description:** Activities/procedures/examples are specifically stated. Addresses:  -critical thinking -communication  -collaboration -creativity |  | | 2 | 1 | X 3 |  |
| **Evaluation:** Methods are listed and their relevance to enhance student achievement and engagement are explained. | | 3 | 2 | 1 | X 2 |  |
| **Sharing Your Project:** How do students share their learning with others? | | 3 | 2 | 1 | X 2 |  |
| **Budget:** Budget is complete, realistic, and accurate. | | 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)