

Teacher Grant Application

2021-2022

**Please submit typed proposals to school Principals.**

**After obtaining the necessary signatures and approvals, please forward your completed, typed grant applications to** [**Connie Stratton in the District Office**](mailto:Connie.Stratton@Irvingtonschools.Org).

|  |  |
| --- | --- |
| Your Name: <enter text> | Phone: <enter text> |
| Email: <enter text> | School: ☐ DLS ☐ MSS ☐ IMS ☐ IHS |
| Name of project: <enter text> | # of students impacted: <enter text> |
| Curriculum area of project: <enter text> | Grade level of students: <enter text> |
| Implementation Date: <enter text> |  |
| Is any portion of the program being funded by another group (e.g., PTSA, Irvington Diversity Foundation, IUFSD clubs budget, etc.)? | ☐ No ☐ Yes  (How much and by whom?) <enter text> |
| Budget – include TOTAL amount requested: | $ <enter text> |

1. Describe your project, including how students will engage in the activity.

<enter text>

1. How does the proposed project enhance student learning?

<enter text>

1. How you will measure whether this project has been successful.

<enter text>

**Answer questions 4-6 if this grant is for technology products or services:**

1. Please describe the initial technological requirement(s),support and all ongoing maintenance.

<enter text>

1. How will technology improve learning vs. conventional methods?

<enter text>

1. Indicate which specific goals from the [***District’s Technology Plan***](http://www.boarddocs.com/ny/iufsd/Board.nsf/files/9XKHTY463C42/$file/District%20Technology%20Plan%20June%202015%20Final.pdf)your program addresses:

<enter text>

To ensure alignment with District Goals please respond to the following questions:

1. Please include how this project incorporates the curriculum and is linked to State and/or national standards.

<enter text>

1. How does this project align with the district [***Theories of Action***](http://www.boarddocs.com/ny/iufsd/Board.nsf/files/AEMPF86459AC/$file/AC%202016-17%20District%20%26%20School%20Goals%20(3).pdf)?

<enter text>

9) How does your proposed program support diversity, promote inclusion and enhance academic equity?

<enter text>

**BUDGET**

*Please complete this section thoroughly and completely.*

*Adjustments to budget items will need to be evaluated once a grant is awarded.*

**A. Contractual Pay for Professional Staff:**

Please calculate the number of hours you will need to develop your grant and to prepare the materials for the meetings with the students. The rate of pay for teachers for curriculum work is $44.68 per hour or a daily rate of $323.90 (based on the 2021-22 teacher contract hourly rate).

If this grant is for an extra class club, please add the appropriate stipend from the IFA contract.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Person** | **Role/Specific Tasks** | **Amount of Time Requested** | **Project Salary** |
| Curriculum work |  |  |  |
|  |  | $44.68 x hours |  |
|  |  |  |  |
|  |  |  |  |
| Class club work |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Stipend @ |  |
| **Total Cost for Pay for Professional Staff** | | | **$** |

## B. Consultant Services

To help the IEF learn more about this program and consultant, **please attach a** **curriculum vitae or résumé to this application.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Person** | **Role/Specific Tasks** | **Amount of Time Requested** | **Project Salary** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Cost for Consultant Services | | | **$** |

**C. Supplies, Materials and Equipment**: Please itemize any and all costs related to software and/or hardware upgrades, maintenance, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Item** | **Quantity** | **Unit Cost** | Total Cost per Item |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Cost for Supplies, Materials and Equipment | | | **$** |

## OVERALL TOTAL GRANT REQUEST: $Click or tap here to enter text.

## 

**Sign-offs required for every grant proposal:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Signature of Person Submitting the Proposal Date***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Signature of Principal(s)*** ***Date(s)***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Assistant Superintendent for Date***

***Instruction & Human Resources***

**Other sign-offs which are required for grant proposals meeting certain criteria:**

If the proposed grant requires any technology, it must be approved by the Chief Information Officer/Technology Coordinator prior to submission.

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*CIO/Technology Coordinator Date*

If the proposed grant will alter the facilities in any manner, it must be approved by the Superintendent of Buildings and Grounds prior to submission.

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*Director of Facilities Date*

If the Director of Pupil Personnel Services will be involved in the implementation of this proposal, they must sign before submission.

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*Director of Pupil Personnel Services Date*