

**Alief ISD Education Foundation  
2017 Innovative Education Grant Signature Page**

PRIMARY APPLICANT NAME	GRADE/ SUBJECT / DEPT	CAMPUS	EMAIL ADDRESS

ADDITIONAL APPLICANT NAMES	SIGNATURES	GRADE & SUBJECT CURRENTLY TEACHING	CAMPUS

*If more than eight applicants, please include additional applicants on a separate piece of paper and insert after this page in your application.*

**Signature of Principal/Supervisor:**

---

*In signing this application, I am certifying that this proposed project would be a good use of funds for our school or department.*

**Signature of SDC Facilitator:**

---

*In signing this application, I am certifying that this proposed project supports the campus action plan.*

**Alief ISD Education Foundation  
2017 Innovative Education Grant Proposal**

**DO NOT INCLUDE YOUR NAME OR THE NAME OF YOUR SCHOOL IN THE SUBSEQUENT PAGES OF YOUR GRANT PROPOSAL.**

**Type of Activity:**

*(double-click box that applies)*

Student Development

Staff Development

**Grade Level:**

Elementary School

Middle School

High School

**Level of Activity:**

One Site Activity  
*(Maximum of \$1,500)*

District-wide Activity  
*(Maximum of \$2,500)*

Multi-site Activity *(your location and at least one additional location/campus) (Maximum of \$2,000)*

**Title of Project:**

**Total Amount Requested:** *(must match the budget page)*

**Brief Project Summary** *(about 100 words or 4-5 sentences):*

**How many students will this project impact in one year?** *(Do not state a grade level or the "whole school". Please give a numerical answer)* \_\_\_\_\_

**This project is:**

A new grant project

A request to continue a grant that was previously awarded to me *(If you check this box, be sure and explain in your Project Description how this year's project will be different than last year's project)*

A new grant request for me but replicates a previously funded project for a different teacher at my school or at a different school *(If you check this box, be sure and explain in your Project Description the success of previously funded project)*

## **PROJECT DESCRIPTION**

**1. Provide a thorough description of the project and the need it addresses. Explain the duration of your project (i.e., two weeks, one year) and if available, include data to support your project. Describe how your project will motivate students and how it is innovative or novel. If the project expands on a previously funded Foundation grant, explain how.**

**2. Specifically, how will your project improve, advance or enrich student learning? How does this project support the Campus Action Plan? Provide specific goal(s) and objective(s).**

**3. List the project objectives and how these objectives will be measured.**

**4. List any matching funds to support this project. For example, if your campus, PTO or other partners are contributing some of the costs for this project, list them here.**

*(This is not a requirement for funding so if it does not apply to your project, just leave this blank)*

## Detailed Workplan

List below the steps involved in completing your project. Include the positions (*not names*) of staff responsible for carrying out the activity, date activity will begin and end, and how much money is needed for each activity.

Description of Activity	Positions Responsible	Timeline		Funds Requested for this Activity
		Date Initiated	Anticipated Completion Date	



## **Measurement of Accomplishments**

**1. List the outcomes that you will use to measure success of your project (outside of standardized testing). In other words, how will you know that this project was successful and should be replicated in other classrooms?**

**2. How do you plan to share the results of this project and to whom will you share this information?**

**3. How will the Education Foundation be recognized as the financial supporter of this project?**