**INSTRUCTIONAL ENHANCEMENT GRANT**

The goal of the Instructional Enhancement Grant is to provide funds that address specific priorities aligning with the District’s instructional goals. Funding may be for instructional activities that include, but are not limited to, the following:

* Activities that promote student engagement and learning
* Equipment, teaching supplies, and software
* Activities that promote math and science
* Gifted and Talented Program

APPLICATION GUIDELINES

**Grant Application must be typed for consideration.**

*Please read carefully to fully understand guidelines and expectations*.

**Maximum Award Amount:**

* Up to $10,000/Campus; $5,000/Grade Level or Department; $1,000/Teacher
* **The number of grants funded will depend upon available funds.**

**Application Deadline:**

 **First Monday in March by 4:00 p.m.**

**Notification of Recipients**:

* Recipients will be notified approximately 30 days from submission of the proposal.
* Funds for the Instructional grants will be sent to the Beckville ISD Business Office for distribution to the designated vendor.

**Date for Awarding Funds**:

* Funds for approved applications are payable the first business day in August. Exceptions may be made based upon the needs of the project.
* Funds will be deposited in the Beckville ISD Business Account for each recipient.

**Length of Project:**

* The projects are funded for the length of time designated in the application.
* ***Any unexpended funds will revert to the Foundation thirty (30) days after the conclusion of the project or by Sept. 1st of the following year.***

**Applicant Eligibility:**

* All District Instructional Personnel working directly with students – either individuals or teams – are eligible to apply.
* In the case of team-based proposals, a District Administrator **must** be designated to assume overall administrative responsibility for the project, and all related correspondence will be so directed.
* The signature of the immediate supervisor of the applicant(s) is required on the application.

**Recipient Requirements:**

* ***Recipients must adhere to all District financial guidelines and policies.***
* Recipients will be requested to provide a summary report, plus an evaluation and financial report at the conclusion of the project.
* Recipients may be asked to attend a Foundation Board/ Board of Education meeting to discuss their projects.
* ***If the grant application is approved, any change to the budget amount approved or expenditure for items other than those requested must be submitted to the Foundation Board for approval.***
* ***Products purchased with grant funds become the property of the District, if not otherwise stated in the application.***

**Project Eligibility:**

* The identified need must complement the district mission, district strategic plan, and/or school improvement plan and be aligned with the District’s curriculum goals.
* The project must have a designated time frame for completion.
* The project must have measurable objectives.
* Funds may not replace normal funding from tax-based sources.
* The proposal must describe quantitative and/or qualitative methods to evaluate the success of the project..

**Application Review Process:**

* Proposals shall be competitively reviewed by a designated Foundation Committee.
* Projects will be judged based on their potential to impact instruction.
* All proposals will be subject to a blind review relative to the applicant(s) and Beckville ISD.
* Before review by the Foundation, school administrators will review projects for compliance with School Improvement Plans. The review is **not** for selection of recipients.

**Grant Summary**:

* ***An evaluation summary (on the forms provided) plus a financial report are due to the Foundation Office fifteen (15) days after the conclusion of the project or by Sept. 1st.***
* ***Grant recipients who do not submit a project evaluation summary will not be eligible to submit another proposal until the evaluation and financial reports are received.***

**Application Requirements:**

To be considered for funding, the application must:

* Be typed, grammatically correct and free of spelling errors.
* Be complete (all sections).
* Be free of any identifying information (i.e., applicant or school names) other than on the cover page.
* Describe some quantitative and/or qualitative method to evaluate the success of the project.
* Be previously reviewed and signed by building and/or supervising school administrator.
* Be provided with the original plus three additional copies (4 total).

 Code\_\_\_\_\_\_\_\_\_\_

[ ]  Application Deadline – First Monday in March

**APPLICATION FOR INSTRUCTIONAL ENHANCEMENT GRANT**

**NOTE: Review of proposals is anonymous. This cover sheet will not be included as a part of the actual selection process by the Programs & Allocations Committee. Consideration will be based entirely on the following proposal. Application must be TYPED.**

Name of Project Chair/Administrator for Team Proposals (limit to one name only):

E-mail Address (required):

Telephone (required): W:       H/C:

 Is this a team proposal? [ ]  Yes (If so, list names below.) [ ]  No

What level? [ ]  District [ ]  Campus [ ]  Team/Department [ ]  Teacher

Team Members

Grade Level(s):       Campus(s):

Project Title:

Anticipated Project Starting Date:       Completion Date:

Total Dollar Amount Requested:

Project Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Administrator/Principal Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please print application and return it with 3 copies (4 total) to:**

**Beckville ISD Education Foundation**

**4398 State Hwy. 149 • P O Box 37**

**Beckville, Texas 75631**

*DO NOT FAX OR EMAIL*

 Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_

 Code\_\_\_\_\_\_\_\_\_\_\_\_

***Do NOT include campus or teacher names in this application.***

**APPLICATION FOR INSTRUCTIONAL ENHANCEMENT GRANT**

**DIRECTIONS**: If an appendix is needed for supplemental material, such as research support, it must be limited to a maximum of three (3) pages.

Project Title:

Implementation Date:       Completion Date:

Number of Students Impacted:

Total Amount of Request:       Date of Proposal:

Application is from: [ ]  District [ ]  Campus [ ]  Team/Department [ ]  Teacher

1. Briefly describe this project and the need for it. **(10 pts.)**

1. Explain how this project meets the instructional goals of the District and/or Campus Improvement Plans. **(15 pts.)**

1. List the measurable objectives of this project. **(15 pts.)**

1. Describe the methods that will be used to evaluate the achievement of the project. **(15 pts.)**

Code\_\_\_\_\_\_\_\_\_\_\_\_

Project Name:

1. What, if any, additional resources will be required from the District to implement this project? *Documentation of approval must be attached.*

1. Provide a timeline for the project. **(5 pts.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Activity** | **Resources Needed** | **Target Date for Completion** |
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1. Describe (or attach-maximum 3 pages) any research or additional information that supports your project. **(15 pts.)**

1. In one paragraph describe why you feel passionate about this project and its potential to impact students. (This may include any information about the scope and meaning of your project not already covered in the application.) **(15 pts.)**

 Code\_\_\_\_\_\_\_\_\_\_\_\_

Project Name:

9. Please list your budget *details* **in order of priority**. If a kit is included, please **detail** the contents. Include specific information on materials and equipment needed and their sources, duplicating costs, and any other fees, charges, and payments, including shipping fees. ***NOTE: If this project is funded, copies of all invoices and receipts will need to be attached to a written financial report and returned to the Beckville ISD Education Foundation thirty (30) days after the conclusion of the project or by September 1.*** Any change to the budget amount approved or expenditure for items other than those requested must be submitted to the Foundation Board for approval. **(10 pts.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM** | **SUPPLIER** | **ITEM COST** | **QTY** | **TOTAL** |
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 **TOTAL REQUESTED**

**Is partial funding useful to you?** **[ ]  Yes** **[ ]  No If so, what is the minimum amount?**

**If this request represents less than 100% of the funding needed for your project, what percentage is covered by this request?** **% Has the remaining funding been secured?** **[ ]  Yes** **[ ] No**

10. Describe any budgetary impact beyond the initial grant period, e.g., maintenance contract. *Provide documentation of District approval for these costs.*