



INNOVATION GRANT INSTRUCTIONS

SUBMISSION REQUIREMENTS:

- Completed:
 - Cover Sheet
 - Application narrative
 - Time Line
 - Budget sheet
- If this request has previously been funded, explain specifically how your request is materially different. A complete list of DCEF grants is available at <https://www.dasd.org/domain/4683>
- Principal and Assistant Superintendent must sign application.
- Submit Application Electronically: to Jackie Fenn jfenn@dcedf.org

EVALUATION & SELECTION CRITERIA:

Applicants will be reviewed on a competitive basis and scored based on the answers to the application's questions. Priority will be given to projects that are ready to proceed and enhance DASD's existing curriculum by creating interconnected and unique learning opportunities.

REPORTING REQUIREMENT:

At the conclusion of the project, all approved grants must submit a written report with a financial accounting statement (including copies of receipts) for our audit. This report should be submitted to DCEF by the end of the school year. Pictures and testimonials (comments by students, teachers, parents) should be included with your written report.



INNOVATION GRANT APPLICATION

PART I: COVER SHEET

Date _____

Project Title _____

Applicant Name _____ teacher _____ administrator

School Name _____ Principal's Name _____

Number of students you intend to reach with this grant _____

Amount of Funds Requested _____

Total Project Cost _____

Are new technologies (hardware and/or software), peripherals or furniture and fixtures being requested as part of this proposal? _____ yes _____ no

If so detail what is being purchased:

DCEF does not fund projects that have been implemented elsewhere in the District. Has this type of project been previously conducted in any part of the DASD community? _____ yes _____ no
(Please refer to <https://www.dasd.org/site/Default.aspx?PageID=1953>)

If a similar project has been funded, but you believe your project is materially different please explain why. Be specific. _____

Applicant's Email _____ Phone _____

Team Members: other teachers/administrators/personnel involved in the project:

Name _____ Signature _____

Name _____ Signature _____

Signature of Principal _____

Assistant Superintendent Signature _____

FOUNDATION USE ONLY: Project No. _____ Date Received _____



INNOVATION GRANT APPLICATION

PART II: APPLICATION NARRATIVE

Project/Program Title _____

1. Provide a brief Project Summary.
2. What drove you to develop this project? What is the need you see this project filling?
3. Describe how your project illustrates **Imaginative, Innovative and/or Integrated educational opportunities**.
4. Does your project include the purchasing of technology (hardware and/or software), peripherals, or furniture and fixtures? How will the ongoing cost of maintenance and/or supplies for your project be funded?
5. Clearly list and define the project's **Measurable Goals and Objectives**. Please include both quantitative and qualitative measures as appropriate. Discuss why you have chosen these measurements and goals. Be specific as your final report will require you to evaluate the project against its goals.
6. Provide an **Action Plan or Timeline** for the project. What materials are needed, what resource personnel are required (internal and external resources), and a timeline from beginning to completion. Timeline should begin with the submission of this grant.
7. **BUDGET** A detailed project budget is required for an application to be considered complete. The project budget should include both sources (i.e fundraising, HSA funds, principal donation, donations) and uses. Please indicate what sources are in-hand and what is yet to be raised. See Sample Budget Exhibit.
8. What is your contingency plan if the DCEF cannot fully fund your request? How would you raise additional funds or modify your project?
9. **Evaluation** How will you evaluate the success of this project against its goals and objectives? Upon completion of the project, you will need to complete final report to the DCEF board.
10. **Sustainability** What will happen to this project after the conclusion of the grant period? How will you sustain this project?
11. **Replicability** How can resources and experiences be shared with other teachers and students?
Where else within the district might this project work?



INNOVATION GRANT APPLICATION

PART III: BUDGET

Please read the following guidelines before completing this worksheet.

1. All grant requests must use this format
2. DCEF may not be able to fund your entire request. Please indicate your most important priorities in the “Funding Priorities” section provided below
3. Please indicate the status of all funding sources in description and attached commitment letters as appropriate. Please include description of in-kind sources and commitments as appropriate from teachers, volunteers, etc
4. Please attach quotes, invoices, or contracts from vendors or specialists being used as part of this program.

Program Sources	Description	In-Kind/Donated	Cash	Priority
DCEF Request				
TOTAL		\$0.00	\$0.00	
Program Sources	Description	In-Kind/Donated	Cash	Priority
TOTAL		\$0.00	\$0.00	



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PART IV: GOALS AND OBJECTIVES

PART V: PLAN OF ACTION/TIMELINE