***All questions are required to be answered, unless otherwise noted.***

**APPLICANT INFORMATION**

Requesting Lead Teacher Name:

E-mail:

Cell Phone:

Please identify **one** other collaborating teacher, administrators and/or community organizations and their title to be recognized (Required for Incubator, Optional for Idea Grants):

**CAMPUS INFORMATION**

Campus Name:

Requesting Principal Name:

Principal E-mail:

Principal Cell Phone:

**PROJECT INFORMATION**

Priority Content Area (please select which area most closely aligns with your project goals and activities):

Whole Child Every Child (Fine arts & creative learning, cultural proficiency and/or diversity and health & wellness, Social and Emotional Learning)

Check this box if your project SEL focused

STEM (Science, Technology, Engineering, Math)

Literacy

**Type of Grant for STEM, WCEC or Literacy**

Idea Grant (up to $2,000 per project for an individual classroom)

Incubator Grant (up to $10,000 per project for a campus or team of teachers)

***Please do NOT mention the specific name of your campus or teachers throughout the rest of the application***

Project or Program Title:

Total Number of Students Impacted by the Project:

Grade Level(s) and Subject(s) involved:

Please provide a brief 1-3 sentence project summary, for public display (Max 300 *characters*):

**PROJECT NARRATIVE**

Target Population (Max 150 words): Describe the demographics of the student population that will benefit from your project.

Statement of Need (Max 150 words): Describe what conditions you want to change and how your target population will benefit from the project.

Project Description (Max 500 words): Describe the project goals and how the project is structured to achieve those goals. This should include specific activities and measurable objectives.

How will this project support integration of SEL skills sets and/or concepts into academic learning or support access to academic learning?: (Max 150 words) *REQUIRED ONLY FOR SEL GRANTS*\*

For Fall 2019 project implementation, list the major activities of your proposed project with approximate target dates (must conclude prior to report due May 22, 2020).

Expected Results (Max 250 words): Expected Results - Describe the student outcomes or changes that will result from your work and the criteria used to evaluate the project's success.

Innovative Aspect (Max 250 words): Describe why the project is a creative, outside-the-box way to work toward achieving student excellence.

Transformative Potential (Max 250 words, required for Incubator, Optional for Idea grants): Describe how this project has the ability to take learning to the next level through collaboration, replication, sustainability, and/or connection to real-world applications.

**ATTACHMENT A: BUDGET**

1. Add lines as needed. Please secure a vendor bid for any item over $1,000.

|  |  |  |
| --- | --- | --- |
| Description of Budget Items Requested (e.g. contract services, materials/equipment, transportation, etc.) | Partner/Vendor (e.g. Arts Partner, vendor, supply company, etc. | Cost Amount |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  | | |
| Total Project Cost Amount | *Add the total budget items from above* | $ |
| Total Amount of contributions from other funding sources (provide the list of sources below in section B.) | *Sum the total amount of contributions anticipated from other sources, such as PTA, crowdfunding, Title 1, etc., if any* |  |
| Total amount requested from Austin Ed Fund | *List the total amount you are requesting from Austin Ed Fund* |  |
| Total Cost per Child | *Divide the total project cost amount by the number of students served* |  |

1. FUNDING SUSTAINABLITY: List other funding sources you have identified to fund this project, if any (Optional).

|  |  |  |
| --- | --- | --- |
| Source | Amount of Request | Funding Status (will apply, applied/pending, approved). |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |

**ATTACHMENT B**

**Please check each box and type your name below to affirm you are aware of the following conditions should you be awarded funding:**

I have read the funding guidelines and FAQs.

I will supply additional program or budget information for this application if needed.

The Principal has approved this application prior to my submission.

Incubator Grants Only: Collaborating teachers, administrators, and/or community partners listed on this application have had the opportunity to provide input and review this application.

I will be responsible for submitting a Final report within 30 days of the project conclusion or by May 30, 2020, whichever comes first.

I am aware that excess funds are subject to being returned to the Austin Ed Fund.

I have secured a vendor bid for any item over $1,000 and will submit upon request.

I will follow my campus policies and procedures to access and utilize award funds, including providing the proper receipts or verification.

(Optional) I am willing to host site visits to my class and/or be featured in promotional materials for Innovation Grants, to help share results with donors and secure additional funding for this program.

(Optional) I am willing to attend 1-2 community events recognizing award recipient projects and promoting Innovation Grants, should my schedule permit.

The decisions of the Austin Ed Fund Board are final.

**Requesting Teacher Signature:**

**Date**

***We appreciate you applying for an Innovation Grant award and will respond with your status by late May, 2019.***