Teacher Mini-Grants
2019-2020 Application

The major goals of the teacher mini-grants program initiative are to provide teachers with the opportunity to enhance the curriculum and instruction with compelling, innovative programs while implementing standards and clearly defined learning objectives in the classroom. Importantly, the mini-grant program encourages the creation of learning communities and collaboration. The initiative supports teachers by giving them the opportunity to access new resources for their classrooms through the implementation of the mini-grant program.

Switzerland Schools
Community Enhancement & Engagement

How to Apply
Please complete this application to describe the proposed project. Applications need not be submitted on the application form itself, but if typed separately should not exceed one page (front and back). Submissions must also include a project budget (not to exceed one page) and signature attesting to the veracity of the application. All grant recipients will be required to (1) meet with the building principal regarding the progress of the project and 2) provide a summary report that analyzed the results and implications of the project (3) and may be ask to present the project outcomes to the Mini-Grant Committee and the SOLSD Board of Education at the Superintendents' discretion.

Application Process
Submit completed applications to:

Mini-Grant Review Committee,
c/o **Curtis Wisvari,** chair
304 Mill Street
Woodsfield, Ohio 43793
curtis.wisvari@omeresa.net

Application Timing
Mini- grants are offered in the 2019-2020 academic year and will be accepted up to March 31st. This schedule will allow grant applicants more opportunities for the development and funding of projects throughout the remaining year. Applications will be received on a rolling schedule and awards will be announced within 2 weeks of receiving the application. All approved mini-grants must have encumbered and spent the funds by May 30th, 2020.

Grant Guidelines
Support Areas. Funding will focus on initiatives that address curriculum needs, pedagogical interventions, professional development needs of teachers, and efforts to meet specific standards. In addition, the efforts led to familiarizing teachers with data collection, data driven decision-making, and the basic elements of implementing action research in their classroom(s). Project proposals should (a) identify a state standard and/or series of objectives that they would like to meet in the classroom, (b) propose a method for meeting the standard/objectives in their classroom, (c) outline a budget for educational materials to support their efforts, (d) establish a pre and post test assessment to measure progress, and (e) create a time-line for implementation. At completion of project (a) provide a summary report that analyzed the results and implications of the project, (b) prepare a presentation for the committee and Board of Education.

Grant Amounts
The program is primarily intended to support individual teacher requests up to $1,000. But, teacher and academic programs are encourage to combine award amounts and efforts in a working collaboration or partnership.

Exclusions
Teacher's time and field trips are not funded by the mini-grant. Generally, the program does not support: individuals; business ventures; high school sports organizations; non- governmental organizations without IRS 501(c)(3) tax exempt status; organizations that limit membership and services based on race, religion, color, creed, sex, sexual orientation, age, or national origin; requests for loans or debt retirements; operating expenses or endowments of organizations; civic, labor, sorority or fraternal groups; political organizations; projects or endowments of organizations without connection to the SOLSD; projects that already have financial backing from SOLSD; and projects or organizations that might in any way pose a conflict with the mission, goals, or programs of SOLSD.
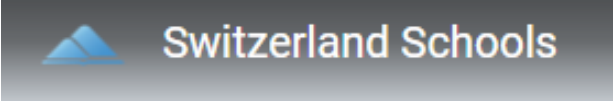
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SECTION I: PROGRAM DETAILS

School Campus Name: _____

Address of the School: _____

Contact Name, Title: _____

Phone Number & E-mail: _____

Which <u>State Standard</u> will the students involved in this project be working towards to meet graduation requirements? _____

What grade levels are involved? _____

Who are the primary contacts for collaboration or partnership with other learning entities?
  Name/s: _____

  Contact information: _____

SECTION II: PROJECT OVERVIEW

Project Name: _____
Amount of Funding Requested: _____

SECTION III: PROJECT SUMMARY
A. PROJECT DESCRIPTION
  Please provide a short description summarizing your project.

  B. TIME FRAME
  On what date or dates would your proposed project take effect? Describe the projects timeline including date(s) of implementation. Awarded grant money must be spent between February 15th and May 30th of award year.

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SECTION IV: PROJECT RATIONALE

A. RELEVANCE

Please describe how this project would enhance the curriculum and instruction with compelling, innovative programming? Which focus area will this initiative address? (curriculum needs, pedagogical interventions, professional development needs of teachers, etc.) Please identify a state standard and/or series of objectives that this project would like to meet in the classroom.

B. IMPACT

Who is the proposal intended to benefit?

C. PARTNERSHIPS

Describe the extent to which this project is a collaboration or partnership with other learning entities.

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D. INNOVATION
How does this idea incorporate elements that are new and improved over what has been done in the past?

E. PROMISE
What evidence do you have that this project will achieve the desired results? What are the expected student growth results?

F. SUSTAINABILITY
What is your goal for ensuring future financial sustainability for this project? How will you ensure that this idea will be sustainable in the future? What are your goals for the projects financial sustainability?

G. CAPACITY BUILDING
Will this project contribute to the familiarization of teachers with data collection, data driven decision-making, and the basic elements of implementing action research in their classroom(s). Please explain.

H. ADDITIONAL INFORMATION
Is there anything else that you believe the review committee should know?

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SECTION V: PROPOSED BUDGET

A. EXPENSES

Please detail the expenses you will incur to bring this project to life. Please note, staff time and field trips are not funded through this grant.

1. _____ $_____

2. _____ $_____

3. _____ $_____

4. _____ $_____

5. _____ $_____

*Total Project Expenses: _____ $_____

B. FUNDING SOURCES

Please list all other sources of funding you are seeking or already have in place. For each funding source, please indicate whether those funds are anticipated (A) or already granted (G). If contributions are in-kind (vs. cash), please indicate as such, and estimate the dollar value associated with the contribution.

1. Requested amount from SOLSD Mini-Grant $_____

2. _____ A or G $_____

3. _____ A or G $_____

4. _____ A or G $_____

5. _____ A or G $_____

* Total Funding Source: _____ $_____

* Please note that Project Expenses and Total Funding Source should equal. If not, please explain in Section VI: E. Explanation of Expenses and Total Funding Sources.

C. OTHER GRANTS DETAIL

If there are any other grants anticipated or granted in Section B (above), please detail here.

Name	Amount Requested	Decision Date
1. _____	$_____	_____
2. _____	$_____	_____
3. _____	$_____	_____
4. _____	$_____	_____
5. _____	$_____	_____

Teacher Mini-Grant Budget *(page 6 of 6)*

SECTION VI: PROPOSED BUDGET *(continued)*

D. EXPLANATION OF PROJECT COSTS
How did you arrive at the total cost of this project? Please explain sources used to calculate expenses noted.

E. EXPLANATION OF EXPENSES VS TOTAL FUNDING SOURCES
If applicable, please explain why expenses are not equal to total funding sources.

F. PARTIAL FUNDING
How would a partial mini-grant award affect the project? Would the project be scaled back? Please explain.

Lead Project Instructor/Teacher

_____   _____   _____
Signature   Title   Date

Mini-Grant Committee Chair Authorized Signer

_____   _____   _____
Signature   Title   Date

Superintendent/Associate Superintendent

_____   _____   _____
Signature   Title   Date

With my signature, I verify that the facts put forth in this application are true to the best of my knowledge. If funded, 1) I will meet with my building principal regarding the progress of the project and 2) present the project outcomes to the Mini-Grant Committee and the SOLSD Board of Education.