



PANHANDLE ALLIANCE *for* EDUCATION

2019 Grant Award Application

Submission Instructions

1. Please complete this grant application electronically.
2. Save your file as **Grant_Application_2019.your first and last name** (e.g. Grant_Application_2018.John Smith)
3. If submitting more than one grant application, add number 1,2,3, to the end of your last name for each additional grant submittal (e.g. Grant_Application_2019.John Smith1).
4. Log on to www.panhandlealliance.org and *mouse-over* the *Grants* tab in the upper right quadrant of your screen.
5. Select **Grant Application**, which will take you to the Grant Application Page. About half way down this page you will see the link in red that says “**Send us your completed form(s)!**” Click this link to go to the submission page.
6. Follow the directions on the submission page. It is easy!

This process will insure that your grant application is received for consideration by our Grants Evaluation Committee. You will receive an automatic email that verifies our successful receipt of your file. **All grant applications must be received by midnight, Monday, March 4th 2019.**

Applicant Information

Assign one Project Director as the primary contact person for your grant. All communication between the Alliance and your project team should be directed through this person.

1. Project Director Name (one):
2. Other Collaborators:
3. School/Facility Name:
4. Project Director’s E-mail Address:
5. Project Director’s Phone Number(s):

School:

Cell:

6. Briefly describe Project Director’s current position with school district, grade or classes taught, years with school district, awards and grants received, and demonstrated ability to meet deadlines and complete projects:

Grant Request Information

- Grant Category: ___ Teacher Investment Grant (request up to \$2,500)
 ___ School Investment Grant (request up to \$10,000)
 ___ Master Class Grant
 ___ Special Investment Grant
 ___ District Leadership Grant (request up to \$2,500)

Number of students served or affected by proposed project:

Number of teachers served by or involved in proposed project:

Assign a name to describe your grant:

Total grant dollar amount requested:

(Dollar amount must match the budget portion of this application)

Project Narrative

- 1. Project Purpose and Goals** Describe the project in 250 words or less. Define its scope and anticipated student achievement goals. If a Master Class grant is proposed, also describe the expert who will offer the class and the nature of the instruction. You may provide supplementary articles or other material about the master teacher.
- 2. Student Involvement** Describe the number and type of students served by the project. Define how often or the amount of time students will spend with the project.
- 3. Collaborative Model** Describe the anticipated interaction between the teacher(s) and students, and between other teachers/administrators, in the development and implementation of the project. If a Master Class grant is proposed, carefully describe the intended interaction between the students and master teacher.
- 4. Evaluation Plan** Describe the plan and timeline for assessing and evaluating the project's success in meeting its goals. **Extra points will be given to applications that express measurable goals versus "soft" objectives in their evaluation plan.**

PLEASE KEEP A COPY OF YOUR APPLICATION. You will be asked to assess the success of your grant by referring to your *Evaluation Plan* as you've described in this application.

5. Project Budget: Identify items that will be purchased and describe how the requested money will be used. Include as much detail as possible; add additional explanation if necessary in paragraph form following the budget tables below. Include any anticipated funding or in-kind services from other sources as well. For technology, please include costs for replacement parts and installation. If you are requesting stipends or other forms of financial payment to school employees, you must include the cost of benefits and taxes. Please contact Lisa Hals, LPOSD Business Manager, for appropriate rates. All stipends will be paid through the LPOSD Business Office.

1 Year Teacher Grant Request:

#1-X	BUDGET ITEMS	HOW USED	\$ AMOUNT
1.			
2.			
	TOTAL:		\$

6. Recurring Grants Check the box if you or anyone from your school has received a Panhandle Alliance for Education grant for this grant project before.

NO

YES

Improve your proposal: We carefully scrutinize recurring grants because we value innovation. If this project has been implemented three times or more, you can improve the likelihood for funding by adding a **“strategic upgrade”** to this proposal. Explain below what you will add this year to advance the value of this experience for your students if this is a recurring grant.

Project Acknowledgment

Project Director and author of this proposal: _____ date _____