

# Grant Award Application

## 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 only):
2. Other Collaborators:
3. School/Facility Name:
4. Project Director's E-mail Address:
5. Project Director's Phone Number(s): (school)
6. Project Director's Phone Number(s): (cell)
7. 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: (descriptions are provided on the PAFE website)

*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:

Please provide a 35-40 word description summarizing your project (to be used to explain your project to donors if awarded).

Total grant dollar amount requested: (Dollar amount must match the budget portion of this application. Enter dollar amount only - '\$' sign and comma are not necessary.)

## 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. Consider your purpose and goals and describe how they relate to the PAFE Mission Statement (Our Mission is to promote excellence in education and broad-based community support for the Lake Pend Oreille School District. As an independent organization we will create and sustain an endowment to provide resources in support of effective teaching, learning and school management.)

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 & community members, 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. Does this project partner with another non-profit organization?

*Yes (go to section 5)*

*No (go to section 6)*

## Section 5 of 7

### Non-Profit Partnerships

How do the goals and mission of the partnering non-profit align with PAFE's mission?

## Section 6 of 7

### Evaluation & Budget

5. 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.)

6. 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. (Sample below)

All purchases remain the property of LPOSD.

**1 Year Teacher Grant Request:**

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

7. Recurring Grants: Have you or anyone from your school received a Panhandle Alliance for Education grant for this project?

8. Recurring Grants Continued: If previous question was answered 'YES' and you have received funding for this project three times or more, please explain what 'strategic upgrades' you will add this year to advance the value of this experience for your students. We carefully scrutinize recurring grants because we value innovation.

9. Check here if your grant proposal potentially impacts LPOSD technology, facilities, or curricula; please route a copy of your completed application to your principal who will forward it to the appropriate district representative. (Matt Brass, Matt Diehl, or Andra Murray)