

Fremont Education Foundation 2017-2018 Innovative Education Grant Application - I.D. Page

INNOVATION \in-uh-vey-shuh n

1: the introduction of something new 2: a new idea, methods, or device: novelty

Mission: To award grants to educators who utilize innovative methods to excite and inspire students to achieve their educational potential.

PROJECT TITLE:

SCHOOL:

NUMBER OF STUDENTS SERVED BY THIS PROJECT:

GRADE(S):

AMOUNT REQUESTED: \$

NAME(S) & POSITION OF APPLICANT(S): (Include all members if applying as a team.)

(Names)	(Positions)

CONTACT(S): (For grade/school-wide grant, also list an alternate contact person.)

CONTACT:			
Phone (Home):		Phone (Work):	
ALTERNATE:			
Phone (Home):		Phone (Work):	

APPLICANT SIGNATURE: _____

APPLICANT SIGNATURE: _____

Please have each teacher listed sign the application

Application must be postmarked or emailed on or before Friday, April 14, 2017

2017-2018 FEF Innovative Education Grant Application – Proposal

DO:

- a. Type or word process this form, use font size 12
- b. Check at least one of the ten “project target areas”
- c. Answer all questions to best explain your proposal
- d. Spell check and grammar check your completed form
- e. Double check your budget calculations for accuracy

DO NOT:

- a. Do not revise this form
 - b. Do not attach additional pages
 - c. Do not write the applicant’s name on this form
 - d. Do not write the name of the school on this form
 - e. Do not write on the backside of this form
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1. PROJECT TITLE:

PROJECT TARGET AREA(S): (Applicant must check one or more below. Use an asterisk or check mark):

Language Arts	History/Social Science	Creativity	Diversity/Conflict Resolution
Math	Physical Education/Health	Leadership	
Science	Visual and Performing Arts	Critical/Thinking/Problem Solving	

2. GRANT SUMMARY: (Provide a summary of your grant using 25 words or less. This summary will be included in the FEF Grant announcement press release if your grant is awarded.)

3. # STUDENTS SERVED:

4. GRADE(S):

5. How will you share your grant with other FUSD teachers so that the grant can be replicated by others?

6. WHAT MY STUDENTS NEED BASED ON STUDENT ACHIEVEMENT:

7. WHAT I PROPOSE TO DO TO MEET MY STUDENTS' NEEDS (Must be innovative):

8. HOW I WILL MEASURE WHAT MY STUDENTS HAVE LEARNED: (Will identify the set of criteria that indicate success for your project. Criteria must be quantifiable; include method by which you measure such criteria. Example: Participating students will demonstrate growth or learning through pre/post tests, feedback, rubrics, student surveys, observations, projects and or portfolios.)

9. HOW MUCH WILL PROJECT COST: (Including taxes and shipping).

Item	Description	Budget Amount
Total Budget Request:		

Yes, funds for grants exceeding \$3,000.00 have been secured.

PRINCIPAL SIGNATURE IS ONLY NEEDED WHEN ADDITIONAL MATCHING FUNDS ARE NEEDED TO FUND A GRANT THAT WILL BE OVER FEF GRANT MAXIMUM OF \$3,000.00.

Administrator/Designee Signature

10. Final Checklist: (Use an asterisk or check mark)

Neither applicant name nor applicant school’s name included in Grant Application Proposal section

“Project Title” written on “I.D. Sheet” *and* “Proposal”

“Project Target Area” checked off (at least one) on “Proposal”

Checked spelling and grammar

Budget calculations double-checked for accuracy. **Signature of Administrator/Designee ONLY if site funds are included.**

Application will be postmarked or emailed on or before **Friday, April 14, 2017**