

School District of Glenwood City

**Topper Partnership Foundation**

**for the School District of Glenwood City**

**Creative Ideas Grant Criteria**

**Staff Application**

**Purpose**

Creative ideas grants are intended to support projects that enrich and enhance the excellent education of students in our school district. Grants enable educators to bring lessons to life in a way that would not be possible within the regular budget. In addition to the immediate impact on students, staff gains resources, tools and insights that will benefit students in years to come and that may also be shared with other educators.

**Application Process**

* Completely fill out the application. The application form is available on the school district web page.
* Submit your application to your supervisor (building principal or administrator) for their signature.
* We will send out an email notifying you that your application has been received.
* Applicants will be notified of funding decisions by letter within eight weeks from the application deadline.

**Grant Writing Tips**

* Type your application. Handwritten proposals are difficult to read and will not be accepted.
* Write as if you were addressing an audience of interested parents. Eliminate jargon and explain any terms you use that are familiar to those in the education profession but may not be familiar to parents.
* Describe very clearly what you will be doing on the project and what the money will be spent on. This is different than telling the review committee how wonderful the project is.
* Encourage and facilitate innovative ideas
* Focus on content enrichment and skills development
* Consider acquisition of materials and training that will benefit students for years to come
* Plan for sharing the ideas, results, or materials of the project with others
* Exhibit measurable indicators of success and a sound plan to evaluate the project upon completion

**Eligible Expenses**

Eligible expenses include any cost that is directly associated with conducting the project with the exception of salaries or stipends for the grant recipient. Money may be used to pay consultant fees or stipends of professionals employed outside of the district. All purchased equipment becomes the property of the School District of Glenwood City, not the individual administering the grant. Grants may be partially funded. If your grant is partially funded, you will be asked to submit a revised budget.

**Conclusion of Grant**

Part of the application process will be the understanding that if awarded grant money, the applicant will communicate the findings of the initiative back to the program committee and publish communications to promote the project and the Topper Partnership Foundation.

**The Topper Partnership Foundation for the School District of Glenwood City**

**Creative Ideas Grant Application**

**Project Title:**

**Contact Person:**

**Project Site:**

**Signature Section**

By signing, you attest that you have discussed this proposal with your principal or supervisor and will commit the time needed to conduct the work described in this application. Principal(s) and administrator(s): assure that this applicant has approval to implement the project and the project meets the overall mission of their program within the School District of Glenwood City.

**Check to indicate agreement:**

**Applicant**

***If funded, I agree to share project information and materials with other district staff members so that additional colleagues and students my benefit from the grant. I have reviewed the objectives and criteria and believe that this application meets all requirements.***

**Principal/Administrator**

***I have verified that funding for this project is not available from normal site or other district budgeting sources. I will oversee administration of this project as outlined in the Creative Ideas Grant Application.***

Applicant Signature Date

Signature of Principal or Supervisor Date

**Creative Ideas Grant Title Page**

**Project Title:**

**Detailed project summary:**

**Approximate number of students impacted by the project:**

**Grade level(s) of students impacted by the project:**

**Total project budget:**

**Amount being requested from the Topper Partnership Foundation:**

**Does the program have support from other funding sources?**

**Chronological timeline for major activities:** (i.e. October—Start Project)

**Creative Ideas Grant Project Description**

Need: Describe the student or program need that your project is addressing. Why is this need significant? How will students benefit from taking part in this program?

**Innovation and Creativity:** How is innovation and creativity incorporated within this project? How does this align with state standards, district or school goals?

**Impact and Replication:** The Topper Partnership Foundation encourages sharing of resources and materials developed with grant funds. Please provide input on how you plan to share project materials and resources with other staff.

**Evaluation:** How will you measure the success of the Creative Grant? List evaluation criteria to define the project’s success after completion. If applicable, use quantitative (measurable) criteria and define the rating system for each criterion; give two to five measurable outcomes.

**Creative Ideas Grant Project Budget**

The project budget should include any costs that are directly associated with conducting your project. Your budget must be clear and concise and itemized by expenditure.

|  |  |
| --- | --- |
| **Item:** | **Cost:** |
| Supplies: |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Equipment: |  |
|  |  |
|  |  |
|  |  |
| Consumables: |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Other |  |
|  |  |
|  |  |
| **Total Amount Requested** | **$** |

**RETURN COMPLETED APPLICATION TO THE DISTRICT OFFICE**