# Welcome to the APS Education Foundation Spring 2022 Grant Application

**DEADLINE:  February 22, 2021**
**5:00 pm Mountain Time**

**NOTIFICATION**

**Please thoroughly read the eligibility criteria for the grant opportunity you are applying for before submitting this application.  Grant information is available on the APS Education Foundation website and in the APS Employee Intranet.**

**APPLICATION INSTRUCTIONS**
We recommend you **save your application often** and before logging out.  You can log in at a later time to continue working on your application.
**We recommend that you cut and paste your application answers after each question into a Word document to save as backup.**
**If you use the 'Save and Resume Later' option a link will be provided. Please save this link. *The Foundation is unable to retrieve your link*.**

# Before You Begin

Have you received an APS Education Foundation grant for the past two years in a row for this proposed program at this site? *

○ Yes

○ No

Which grant are you applying for? *

○ Guhl Early Literacy Award

○ Schoolwide Impact Award

○ The Transformative Idea Grant (TIG)

○ Student Clubs & Activities Award

# School Contact Information

## Are you applying as an APS school or an APS Department? *

○ School

○ Department

## I am... *

○ I am a School Principal

○ I am a District Administrator

○ I am NOT a School Principal or District Administrator

**Are you, as the applicant, also the school principal or district department supervisor?**

## School Learning Zone *

○ Zone 1

○ Zone 2

○ Zone 3

○ Zone 4

○ All Learning Zones

○ Other:

**If you are unclear what Learning Zone you are in, please visit https://www.aps.edu/academics/list-of-schools-in-each-lz.**

# Project Information

## Program/Project Title *

[                                        ]

**Please keep titles short!**

## Number of Students Impacted *

[                                        ]

**Please estimate the total number of students that would be actively engaged in this program/project.**

## Grade Level(s) *

☐ Pre-K - 5

☐ 6-8

☐ 9-12

☐ Other:

[                                        ]

**You may select more than one.**

# Project Narrative

## Program/Project Summary *

> *500 characters or less*

500/500

**Briefly describe your innovative program/project.**

## Desired Results: What is your vision for how this program/project will improve student outcomes? *

> *2500 characters or less*

2500/2500

**Please specify what you expect your program or project to achieve in the short-term (this year) and the long-term (beyond the next school year).**

## Innovative Strategies: Describe how your program or project is an innovative approach to education. *

*2500 characters or less*

2500/2500

**Why do you think your project or program will work? Describe any evidence or best practices you have researched. Then, describe how your program or project is an innovative approach to education.**

## Activities and Engagement *

*2500 characters or less*

2500/2500

**List the planned activities that will engage students/staff/families/community members.**

## Does this program/project address a problem or issue at your school/department?

*2000 characters or less*

2000/2000

**What problems are you attempting to solve or what issues are you striving to address?**

## Needs Assessment and Data

*2000 characters or less*

2000/2000

**If you have completed a needs assessment, please provide the data here. If you have not completed a needs assessment, please provide data such as survey responses, attendance rates, proficiency or other relevant data that led you to address the issue stated above.**

## Influential Factors: What factors could help or hinder you in this initiative? *

*2500 characters or less*

2500/2500

For example, community support, district support, staff support and student interest may help your efforts.. Communication barriers, budget constraints and lack of knowledge may be barriers.

# Project Evaluation: How do you plan to track and measure student success? *

*2500 characters or less*

2500/2500

Describe the measurement and data collection tools that will be used to gather project outcomes.

# Describe your project in a short post or Tweet *

Pitch your project in a brief 1-2 sentences to share on social media.

# Budget and Budget Narrative

## Stipends

$ 

These are paid out to current APS employees. Stipends must be calculated based upon the APS contract negotiated rates plus benefit rate of 29%. (For example: Teacher stipend rate: $22.00 per hour, plus 29% benefits). Stipends can only be paid for hours worked outside of a normal contract day. Timesheets will be requested as part of the evaluation.

## Technology *(not available for TIG proposals)*

$ 

If you are requesting technology, including hardware, software and applications, you must fill out the Technology Requests section of this application. Must be purchased through an APS approved vendor. Amazon is not an APS approved vendor. For more information on APS approved vendors, please visit https://www.aps.edu/procurement. Before considering purchasing, we highly recommend reaching out to your Technology Learning Zone Supervisor for guidance.

## Equipment

$ 

Equipment would include any items that have a useful life of one or more years. Must be purchased through an APS approved vendor. Amazon is not an APS approved vendor. For more information on APS approved vendors, please visit https://www.aps.edu/procurement.

## Purchased Services

$ 

Any purchased services received from an approved APS vendor which may include field trip buses, postage, printing, registration fees, professional service contracts, etc. This DOES NOT include stipends for current APS employees.

## Supplies/Materials

$

This includes consummable goods purchased from an approved APS vendor and may include items such as books, periodicals, kits, software, student uniforms, etc. Note: Amazon is not an approved vendor. For more information on APS approved vendors, please visit https://www.aps.edu/procurement.

## Other

$ [                                        ]

**Budget for line items not listed above.**

## Total Amount Requested *

$ [ 0.00                                  ]

**Total will not exceed $25,000**

## Total Cost Per Student

$ [ 0                                     ]

**Number of Students Impacted/Total Amount Requested**

## Budget Narrative. Provide a rationale for items requested. *

*2500 characters or less*

2500/2500

**Provide a description of each item (product or service) you wish to purchase. For example, two literacy kits @ $350 each totaling $700.**

## Have you received other funding for this project to date?

○ Yes

○ No

## What is your timeline for implementing this project/program? *

[                                        ]

**For example, December 1, 2021 to May 25, 2022 or School Year 2021-2022. If you are requesting funding for a two year program, please also outline your timeline for each year in the Activities and Engagement Section.**

## Project Sustainability: How will you sustain this project after the funding period? What, if any additional resources will be required to continue this project in the future? *

*2500 characters or less*

2500/2500

# Technology Requests

*Only for those requesting technology in their budgets*

Do you have a team to support the implementation and sustainability of the new technology at your school or department?

○ Yes

○ No

Are you prepared to use this new technology to implement the proposed program/project once it is received?

○ Yes, my colleagues and I have experience using this technology

○ No, but we have other staff that will serve as mentors once we receive the technology

○ No, but we have a professional development plan in place to learn to use the new technology once received

○ No but we are actively seeking professional development opportunities to learn to use the technology

○ Other:

# Does your technology request include peripherals?

○ Yes

○ No

**Examples may include keyboard, mice, monitors, adapters (anything that plugs into the computing unit).**

# What is your plan to ensure your technology can be sustained or replaced after two years so that your program or project can continue?

# Does your technology request include the purchase of new applications or software?

○ Yes

○ No

# Does your technology request include subscription fees for applications or software? If so, how do you plan to continue paying these fees once the grant money has been spent?

# Community Collaboration and Volunteer Opportunities

Please list any other schools, departments or outside organizations that will support you in this initiative and what resources they can provide.

Are volunteers needed within your project?*

- ◯ Yes
- ◯ No

# Additional Attachments and Agreements

If desired, please attach additional files or documentation related to your project proposal.

Choose File    Remove File    **No File Chosen**

File uploads may not work on some mobile devices.

I am the school principal or a district administrator and agree to serve as the primary contact for this grant submission. If the co-applicant is completing this application, my school principal or district administrator is aware of this application and is willing to monitor the project. *

☐ I confirm the above statement is true.

I attest that this proposed program/project aligns with our school/department goals. *

☐ I confirm the above statement is true.

I have read the grant criteria and agree to abide by the rules and restrictions indicated should my school receive the award. *

☐ Yes, I confirm agreement with the statement above.

I have read the Award Agreement and understand the steps I must take if awarded  I understand that if awarded,I must attend the Award Orientation

and sign and obtain signatures for the Award Agreement before receiving my check. *

☐ Yes, I confirm agreement with the statement above.

I have read the Grant Evaluation Report and understand that I am expected to provide a final report at the end of grant period. *

☐ Yes, I confirm agreement with the statement above.

## Your Name *

**First Name**

**Last Name**

## Signature *

[clear]

**Use your mouse or touchpad to sign in the box above.**

Submit