



## Welcome to the Fall 2021 Schoolwide Impact Award Application

**DEADLINE: October 6, 2021**  
**5:00 pm Mountain Time**

### NOTIFICATION

If your grant application is selected as a finalist, a 10-minute presentation will be required. The APS Education Foundation will notify all applicants of the outcome in mid-November.

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### Please read before applying.

- The applicants must be an APS school principal (K-12) or APS Department which will work with multiple K-12 schools. **The co-applicant may be an educator or school-based staff assisting with implementing the project.**
- **Please note: Only one application per school will be accepted.**
- Partnerships with 501(c)(3) organizations that allow the school community to be innovative in advancing student achievement are encouraged, but the applicant must be an APS employee.
- **The purpose of Schoolwide Impact Award is to fund ideas or projects that promote innovative programs with measurable impact, serving an entire school or a large percentage of students.**
- **Classroom grants will not be considered.**
- Eligible applicants may apply for up to \$25,000; a minimum of \$10,000 per request is preferred.
- **Grant is highly competitive due to limited funds.**

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### 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 link.**

## Contact Information

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**School/District Administrator Name**

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**School/District Administrator Title**

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**School/District Administrator Email**

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**School/District Administrator Phone** (xxx)xxx-xxxx

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**Name of Applicant, if different than above**

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**Applicant Title, if different than above**

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**Applicant Email, if different than above**

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**Have you received an APS Education Foundation grant in the past two years in a row for this program?** Yes/No

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**If yes, are you able to explain the following....**

Multiple Choice: How your program will impact more students with opportunities to expand to other grade levels and schools, other committed funding sources and your sustainability plan (must check all three and provide your sustainability plan as an attachment).

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## School/Department Information

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**School/Department Name**

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**Additional Schools/Departments**

Please list any additional schools or departments involved in your project if this is a team grant proposal that extends beyond one school.

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**School Learning Zone**

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

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## Project Information

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**Program/Project Title**

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**Number of Students Impacted**

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

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**Grade Level(s)**

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## Project Narrative

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**Program/Project Summary**

Briefly describe your innovative program/project. (500 characters or less.)

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

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). (2500 characters or less.)

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

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. (2500 characters or less.)

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**Activities and Engagement**

List the planned activities that will engage students/staff/families/community members. (2500 characters or less.)

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

What problems are you attempting to solve or what issues are you striving to address? (2000 characters or less.)

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**Needs Assessment and Data**

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. (2000 characters or less.)

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

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. (2500 words or less.)

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

Describe the measurement and data collection tools that will be used to gather project outcomes. (2500 characters or less.)

**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 & Salaries (\$)**

*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.*

**Equipment/Technology (\$)**

*If you are requesting technology, you must fill out the Technology Requests section of this application. 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>. Before considering purchasing, we highly recommend reaching out to your Technology Learning Zone Supervisor for guidance.*

**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 consumable 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 (\$)**

*Total will not exceed \$25,000*

**Total Cost Per Student (\$)**

*Number of Students Impacted/Total Amount Requested.*

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

Provide a description of each item (product or service) you wish to purchase. For example, two literacy kits @ \$350 each totaling \$700. (2500 characters or less.)

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

Yes/No

If yes, please list other funders and amounts, including funds received from your school or department budgets.

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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, it must be for a team grant proposal, and please also outline your timeline for each year in the Activities and Engagement Section.*

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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.)

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## Technology Requests

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

Yes/No

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If yes, please add the names of those that will support your technology request along with their titles.

*For example, John Doe (Tech Coordinator), Jane Doe (Volunteer)*

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

Multiple Choice: Yes, my colleagues and I have experience using this technology **or** no, but we have other staff that will serve as mentors once we receive the technology **or** no, but we have a professional development plan in place to learn to use the new technology once received **or** no, but we are actively seeking professional development opportunities to learn to use the technology, **or** "other"

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Does your technology request include peripherals?

Yes/No. Peripherals are anything that plugs into the computing unit.

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If yes, please add the names of those that will help you troubleshoot issues that may arise.

Examples of issues may include damage, software glitches, crashing, etc.

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

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Does your technology request include the purchase of new applications or software? Yes/No

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If yes, is your requested application or software currently allowed and supported by APS? Yes or No, it is currently not listed.  
For a list of approved applications, please visit <https://sites.google.com/aps.edu/apsapps/classroom-edtech-applications>.

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If no, have you filled out the App & Extension Request Form? Yes/No. A link to the request form can be found at <https://sites.google.com/aps.edu/apsapps/classroom-edtech-applications>.

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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?

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## Community Collaboration and Volunteer Opportunities

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

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Are volunteers needed within your project? Yes

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If yes, what type of volunteer support is needed? Please consider if your volunteers will need background checks. If so, what is the cost and is it covered by the volunteer or is it budgeted in this proposal? For more information, please visit <https://www.aps.edu/community/volunteer-with-aps>.

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## Additional Attachments and Agreements

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If desired, please attach additional files or documentation related to your project proposal. If you need to submit a sustainability plan, to apply for your third consecutive year of funding, please do so here.

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**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.

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

I confirm the above statement is true.

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**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.

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**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.

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**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.

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**Your Name and Signature**

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