IMPACT the Journey Grant

Innovation, Motivation, Partnerships And Collaborative Teaching

Purpose: *To support an project that empowers, energizes, and enriches students, teachers and the school.* ***IMPACT the Journey*** *grants are awarded to a principal/department head for innovative projects that impact an entire grade-level, an entire school, or multiple schools.*

Award amounts: Up to two grants will be awarded. Not to exceed $5,000 each.

Application deadline: Thursday, December 1st by 4:00 p.m. Incomplete, unsigned applications and applications received after the deadline will not be accepted. Only 1 application per school/department is permitted.

Selection criterion: Each application will be scored based on the following criteria:

- ✓ Project directly supports student learning
- ✓ Application clearly describes specific student outcomes and how success of the project will be measured
- ✓ Budget is complete, accurate and supports proposed activities
- ✓ A scoring rubric is attached

Requirements:

- ✓ Complete Application, no more than four pages inclusive of cover page and budget description
- ✓ Application must have principal's/supervisor's signature
- ✓ All grant recipients agree to acknowledge The Education Foundation's funding of the project in at least 2 specific ways and will complete a project evaluation by the end of the 2017 school calendar year. Failure to do so will prevent approval of future Foundation classroom grant applications

Submission: **Via email to** foundation@shelbyed.org or PONY to:
Shelby County Schools Education Foundation
Attn: Kendall Williams
SCISC

Questions: Please contact Kendall Williams at the Foundation at 205.682.5255 or k3williams@shelbyed.org

IMPACT the Journey Grant
Cover Page

Project Title: _____

School: _____ **Amount requested:** _____

One to two sentence description of the project:

Estimated number of students involved in the project:

_____ Whole School _____ Grade Level _____ Multi-School

Is this a project for which you have received Foundation funding within the past 3 years?

_____ Yes _____ No

Category: Check one:	_____ **Elementary** Kindergarten-5th Grade	_____**Middle/Jr.** 6th Grade-8th Grade	_____**High School** 9th Grade-12th Grade	_____**Other** Department, LNLC

I/we agree to acknowledge the Shelby County Schools Education Foundation funding of this project in at least 2 ways (curriculum night, classroom or school website or newsletter, for example) and to complete and submit a written evaluation form by the end of the 2016-17 school year. I/we understand that failure to do so will result in non-approval of future grant applications.

Principal Name _____ **Date:** _____

Principal Signature_____ **Date:** _____

Email_____ **Phone:** _____

Deadline for submitting Applications is 4:00 p.m. December 1, 2016

IMPACT the Journey Grant
Project Proposal

GRANT NUMBER _____ (For judges use only)

DO NOT USE YOUR NAME OR YOUR SCHOOL OR DEPARTMENT'S NAME anywhere in this application except on the cover sheet. Grant numbers will identify applications for scorers.

PROJECT TITLE: _____

Please answer the following questions providing clear, specific information that will help the selection committee understand the scope and value of your project.

1. **Describe the project and its purpose** including how it will be implemented, the activities and tasks to be completed and who will participate. (300 word maximum).

2. **Please describe the student outcomes.** What specific student skills, abilities or behaviors do you expect to increase or improve through this project and how will that occur?

3. **What is the significance of this project?** Describe the importance of the project to student learning.

4. **How, specifically, will you evaluate the success of this project?**

5. **Please list 2 ways you will acknowledge The Foundation's funding of this project (Examples: *curriculum night, classroom or school website or newsletter)***

SHELBY COUNTY SCHOOLS EDUCATION FOUNDATION

IMPACT the Journey Grant
Budget Description

ITEMS TO BE PURCHASED	COST	ADDITIONAL FUNDING SOURCES
TOTAL COST OF PROJECT	$	
TOTAL AMOUNT REQUESTED FROM THE FOUNDATION	$	

Note: the total amount awarded by The Foundation will not be exceeded. Any costs incurred beyond that total will not be paid by The Foundation, and will be the responsibility of the individual(s) requesting the grant.

Please provide specific quantities and costs including shipping and taxes.

If additional or partial funding of this project will come from other sources, please identify those sources and amounts in the space available.