****

**Application for Teacher Grant**

**2023-2024 Application due by November 16, 2023**

SEF seeks to fund exceptional ideas. We value projects in which the curriculum is presented in a unique setting or in which unconventional methods are used to reveal content. Be clear about what you expect students to do and how you will measure what effect the project has over time. Describe the activities and their educational value.

\*Please refer to *the tutorial and sample application as needed*

1. **Grant Application Title & Contacts**

**Type of project (check one):**

Enrichment grant: to benefit students in one school, up to $1,000

Collaborative grant: to benefit students in two or more schools, up to $3000

**Applicant Information**

|  |  |
| --- | --- |
| Application Title: |  |
| Applicant Name: |  |
| Applicant School: |  |
| Applicant Contact Email: |  |

By checking this box, you confirm that Primary Applicant's School Principal has approved of this grant request.

**Additional Applicant Names (required for Collaborative Grants & optional for Enrichment Grants)**

***Collaborative Grants must include at least one name from each participating school. (Add rows as needed)***

|  |  |  |
| --- | --- | --- |
| **School** | **Name** | **Email** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

I confirm that all teachers have agreed to this project.

I confirm that all principals have approved of this grant request.

1. **Grant Project Information**

**Provide a brief summary of your project.***(2-3 sentences)*

|  |
| --- |
|  |

The Foundation has my permission to share the summary of this project on the SEF website and in social media posts.

**Project description**

Describe your project in greater detail. *(40 points)*

1. Who is your target audience for this project? How many students will participate and how will they be selected?

|  |
| --- |
|  |

1. What educational needs does this project address? Identify the major goals and objectives you hope to meet.

|  |
| --- |
|  |

1. Describe the activities you will implement to meet the stated goals and objectives.

|  |
| --- |
|  |

**Additional project description for collaborative grants applicants only:** Describe how this project meets the goal of innovation and collaboration across schools. If applicable, describe how this project brings the broader Salem community in as active participants in the schools.

|  |
| --- |
|  |

**Timeline***(10 points)*   
Please provide a general timeline for completion. For collaborative grants, please articulate the role of each participating school as well.

|  |
| --- |
|  |

**Project success***(30 points)* Project success is measured through evaluation. How will you evaluate this project and report its success? For Collaborative grants, please include how you plan to share your findings with your colleagues, parents, SEF and the broader community.

|  |
| --- |
|  |

**Lifelong learning** *(20 points)*

Keeping in mind the mission of the Salem Education Foundation and our goal to foster creativity, tell us how your project will help promote the concept of lifelong learning and citizenship for its participants.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| ***Check all that apply.*** | |
| We believe that this project… | Please explain below. |
| represents a new idea for the city |  |
| is a proven idea being shared across schools |  |
| is a proven idea based upon  research |  |

**Proposed Budget Information**

Please **itemize** all costs associated with the grant request.***(Add rows as needed)***

***NOTE: SEF does not fund transportation or food costs unless directly part of the educational program.***

|  |  |
| --- | --- |
| **Materials and Supplies** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Material Cost |  |

|  |  |
| --- | --- |
| **Contractual Services** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Contractual Services Cost |  |

|  |  |
| --- | --- |
| **Equipment** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Equipment Cost |  |

|  |  |
| --- | --- |
| **Other Costs** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Other Cost |  |

|  |  |
| --- | --- |
| **TOTAL FUNDING REQUESTED**  *(Total cannot exceed $1000 for Enrichment Grants or $3000 for Collaborative Grants)* |  |

**Other Funding Sources**

Are there additional components of the project being funded by other sources? *(e.g. transportation or food paid by the school's PTO)*

If yes, describe how the additional funds will expand or enhance the scope of the project.

|  |
| --- |
|  |

If you have applied for funding elsewhere for this project please list the name of the organization and the amount requested and outcome (if known).

|  |  |  |
| --- | --- | --- |
| **Organization** | **Amount Requested** | **Outcome** |
|  |  |  |
|  |  |  |

**Resubmission?**

Has this grant been previously funded and if so, when?

Yes; Date \_\_\_\_\_\_

No

Has this grant (or a version thereof) be previously submitted?

Yes; Date \_\_\_\_\_\_

No

**I certify that this application is complete, and accurate to the best of my ability.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_