



2017-2018 TFAE Teacher & School Impact Grant Guidelines and Instructions

**Emailed Applications are due by midnight, Friday, August 18, 2017
We must receive your 4 copies by 4:30pm, Monday, August 21, 2017**

Who can apply?

\$1000 Teacher Grants

Any certified Terrebonne Parish public school Pre-K-12 teacher, physical education, librarian, speech therapist and/or guidance counselor employed full-time by the Terrebonne Parish Public School System who is directly involved in the instruction of children may submit one application.

\$10,000 School Impact Grants

Two or more certified Terrebonne Parish public school Pre-K-12 teacher, physical education, librarian, speech therapist and/or guidance counselor employed full-time by the Terrebonne Parish Public School System who is directly involved in the instruction of children. A School Impact Grant is written by two (2) or more teachers for up to \$10,000.00 for classroom use (minimum asking amount is \$5,000.) A maximum of two School Impact Grant applications per school will be accepted.

School Impact Grants must adhere to the following:

- PK-8 Elementary/Middle School's grants must target a minimum of one grade level and must include a majority of the students in the school enrolled in that grade level (must be written by two (2) or more teachers but is usually written by all teachers in the targeted grade level), or
- 9-12 High School's grants must target a minimum of one subject area (i.e., Algebra I or English I) but must include a majority of students in the school enrolled in that subject (must be written by two (2) or more teachers).

Allowable Expenditures

Budget requests may include: supplies and materials needed to accomplish the project, technology, and equipment (property).

- ✓ **Supplies**—Amount paid for items that are consumed, worn out, or deteriorated through normal use in no more than one year's time, or books and software.
- ✓ **Property**—Expenditures for acquiring initial, additional, or replacement equipment or furniture for the direct use by students. Equipment purchases included in the project should be itemized. Any equipment costing \$250 or more shall be tagged. Only equipment used for day-to-day, direct instruction of students may be included in the budget. The grant does not include equipment used in any manner for administrative purposes, such as copiers, office file cabinets and/or office furniture. No expenditures for capital projects or improvements (no facilities acquisitions or construction services) such as permanently installed playground equipment, greenhouses, buildings, etc.
- ✓ **Technology**—Expenditures for technology for the direct use by students (i.e. computers, gaming devices, smart boards, etc.) costing \$250 or more shall be tagged. Technology items **MUST** be approved by appropriate TPSD personnel—Tricia Corbin. Failure to submit a copy of appropriate approval will result in grant disqualification.

Substitute pay, requests for teacher travel for training and/or teacher salaries will not be funded. Projects cannot displace, replace or take the place of programs funded through the Minimum Foundation Program (MFP) or No Child Left Behind funds.

INSTRUCTIONS FOR APPLYING FOR A GRANT

- Please follow instructions carefully. An incomplete 2017-2018 application will be automatically disqualified. **BE VERY AWARE OF DEADLINES!**
- You will apply for the grant electronically and then have to submit 4 hard copies of the grant packet (pages 4-6)
- **Grant packets are available on the TFAE website at www.tfae.org**
- You will complete the grant packet—pages 4-6--and email it to Angie Rome Walsh at tfae@bellsouth.net
 - If you are asking for technology, include approval from appropriate TPSD personnel as the last page of your packet. Please label it appropriately.
- Save the document as: firstnamelastname.type of grant
Example: janedoe.teachergrant or janedoe.schoolimpactgrant
- In the subject line of your email state the type of grant for which you are applying for and name of your grant. If applying for a Teacher Grant **and** a School Impact Grant, send them in **separate** emails.
- You **WILL** be sent a confirmation email upon receipt of your grant.
- **You must submit your electronic grant packet to tfae@bellsouth.net no later than midnight, Friday, August 18, 2017 in order to submit the hard copies on or before 4:30pm, Friday, August 21, 2017. **NO copies will be accepted without first receiving the electronic application.****
- You will need to bring your signed Proposal Information Page and four (4) copies of the grant application and budget to the TFAE office no later than 4:30pm, Monday, August 21, 2017. The office is located on the 4th floor of the Whitney Bank building located at 7910 Main St.-- Suite 438. Your Proposal Information Page must be signed by the school principal and applicant to verify that the grant procedures will be followed as proposed.
 - The four (4) complete TFAE grant packets along with one (1) Proposal Information Page must be in a sealed envelope with the Grant Envelope Page attached to the outside of the envelope.

2017-2018 TFAE GRANT APPLICATION

DO NOT use any identifying information, your name, or your school's name from this point forward.

Project Title: [Click here to enter text.](#)

Grade Level/Subject: [Click here to enter text.](#) **Amount Requested:** \$ [Click here to enter text.](#)

Number of students participating: [Click here to enter text.](#) **School Population:** [Click here to enter text.](#)

Current School Grade: (A, B, C, D, F): [Click here to enter text.](#)

Percentage of participating students on Free/Reduced Lunch: [Click here to enter text.](#)

Have you volunteered at the 5K Run for Excellence? Yes No

If yes, how many years? [Click here to enter text.](#)

Please answer the following questions about your proposed project.

Label each section. **You must answer all of sections I-V.**

I. Project Overview/Abstract (10 points)

In **one** paragraph describe your project. Include the: who, what, why, and how about the project.

[Click here to enter text.](#)

II. Project Objectives/Needs (10 points)

In **one** paragraph discuss how academic performance will be improved **and** what skills will be learned.

[Click here to enter text.](#)

III. Project Description/Design (40 Points)

TELL US WHAT YOU SEE HAPPENING IN YOUR CLASS WITH THE REQUESTED ITEMS!
PAINT US A PICTURE! TELL US A STORY!

The questions below are guidelines/suggestions of what should be covered in this section. The bulk of the score comes from this section so make sure you are as descriptive as possible without being repetitious.

How and what data was used to determine the need for this project?

How does the need for this project correlate to the student participants?

Describe your classroom population. Include and describe any unique situations that may exist in your classroom.

Give examples of envisioned student activities. Tell us how a lesson, using the requested budgeted items, will unfold in the class/lesson(s). Describe activities that will address your objectives.

How often will students be involved in the project?

How will this grant enhance student learning?

How will progress be assessed throughout the project?

How will you determine if your objective has been met? Who and what will be measured?

How much improvement is expected?

How is this project different from what is currently being done?

[Click here to enter text.](#)

IV. Projected Timeline (5 points)

Project should take place between October/November 2017 and May 2018.

From ordering to completion, what is the timeline? *Use a table for this section.*

[Click here to enter text.](#)

V. Budget (10 points) Use form below

- Complete budget form on the following page.
- Budgeted items must be itemized and accurately totaled.
- Budgeted items must directly relate to the grant's goals and objectives.
- Budget items must be from approved TPSD vendors if applicable
- For technology, you must attach the one (1) copy of the email approval from appropriate TPSD personnel—Tricia Corbin—with your grant application. **Without proper documentation application will be disqualified.**
 - If budget is more than the grant amount, how will excess expenditures be paid?

TFAE 2017-2018 GRANT APPLICATION PROPOSAL INFORMATION PAGE

Please print and sign this form.

Project Title: (15 words or less)	Click here to enter text.		
Grade Level(s) and/or Subject:	Click here to enter text.	Number of students participating:	Click here to enter text.
Type of grant: (check one option)	<input type="checkbox"/> Teacher Grant		<input type="checkbox"/> School Impact
<input type="checkbox"/> Elementary/Middle (PK-8)	<input type="checkbox"/> High School (9-12)		Amount Requested: \$
<input type="checkbox"/> Vocational & Technical HS	<input type="checkbox"/> Counselor activities, Speech Therapist	<input type="checkbox"/> PK-12 Science	
<input type="checkbox"/> Art: Band, Choir, Drama, Art, etc.	<input type="checkbox"/> PK-12 English/Language Arts	<input type="checkbox"/> PK-12 Social Studies	
<input type="checkbox"/> Physical Education and Health	<input type="checkbox"/> PK-12 Math	<input type="checkbox"/> PK-12 Interdisciplinary Learning (any combination of ELA, math, science or social studies.)	
<input type="checkbox"/>	Other/Elective: Class Name or Subject: Click here to enter text.		

Signatures below affirm that this proposal will not displace, replace or supplant programs funded through the Minimum Foundation Program or No Child Left Behind.

Teacher's Name:	Click here to enter text.	Teacher's signature: *If SI grant, Team Leader's signature.	
Email Address:	Click here to enter text.	Date of Signature:	Click here to enter text.
School:	Click here to enter text.	School Phone:	Click here to enter text.
I certify that this grant application has been reviewed and has my approval:			
Principal's Signature:			Date:
If proposal is a School Impact Grant, list team members:			
Click here to enter text.			

Electronic version must be submitted no later than midnight, Friday, August 18, 2017.

One copy of this signed form and four (4) copies of the grant packet are due in the TFAE office on or before 4:30pm Monday, August 21, 2017.

Grant Envelope Cover Page

Tape this page to the cover of the envelope

Name (Team Leader):	Click here to enter text.		
School: Click here to enter text.			
Grant Title: Click here to enter text.			
Grade(s) and/or Subject to be served by grant: Click here to enter text.	Number of Students served: Click here to enter text.		
Amount Requested: Click here to enter text.			
__ <input type="checkbox"/> __ Teacher Grant	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><i>Check one</i></div>		_ <input type="checkbox"/> __ School Impact Grant