**2020/2021 Teacher Development Grant Rules ($500 or less)**

1. Only Hernando County Public & Charter school instructional personnel may apply for funding.
2. Classroom Grant Applications are only available online at the Hernando County Education Foundation website at **www.hernandoeducationfoundation.org.**
3. Teacher Development Grant Applications for 2020-2021 will be accepted through May 31st, 2021**. Hand written applications will not be accepted.** Applications must be submitted electronically. Attach documentation as necessary. Verify all stipulations and electronically sign agreement of rules and requirements then have your administrator electronically sign & submit application.
4. Funding will be distributed monthly to qualified approved applicants on a first come first serve basis. The Teacher Development Grant application cycle will remain open until available funds are expended or May 31st, 2021, whichever comes first.
5. **End of Year Request Evaluations are required for this program. Training must be completed by May 15, 2021**
6. Applicants may submit one individual request. Individual request proposals may not exceed $500.
7. Matching funds used for this project that have been raised by your community partners, PTA, SAC, etc. **must** be passed through the HCEF to assist in meeting the State’s 1:1 match requirements.
8. 11. Ask for help. The HCEF is glad to guide you through the application process.

**Tips for Preparing a Teacher Development Grant Application**

1. Applications should have a compelling project title & description of a specific and significant need and show originality and innovation in the classroom. When addressing NEED: Include a description of student need(s), characteristics, or requirements and convey why there is a compelling need.
2. Applications should have clear objectives that spell out what specific results or student outcomes are to be accomplished and how they are to be measured. Include goals and objectives that directly relate to the identified need(s); and include objectives that are realistic, measurable and time bound.
3. Project activities should support achievement of project goals and be engaging to students. Project activities should strongly encourage students to learn or apply information/skills in meaningful, real-world ways. Project activities should be relevant, innovative, and/or unique and include many hands-on, experience-based, collaborative learning opportunities.
4. Timeline has a logical sequence, reflects a well thought-out implementation plan, and seems “doable” within the project period.
5. Projects should be easily replicated with little or minor adjustments to implementation of the project itself.
6. The evaluation plan should be clearly described. Specify how data and/or documentation related to each of the following components will be collected, used, and reported, ensuring a high degree of accountability: use of project funds, implementation of project activities, impact of project activities, the extent to which the identified student need(s) was addressed by the end of the project.
7. Costs should be within the funding guidelines. All items purchased must align to the project activities described in the application. The budget request should be reasonable and appropriate given the needs of the students and the potential impact of the project. Any changes to original budget request must be approved prior to spending the rewarded funds.
8. Good summaries describe what kids and teachers will do. Create a real-life scenario for the reader. Try to paint a picture with words. The reader must clearly make sense of what you intend to do.
9. Business Partner’s Role should be more than financial. It is great to show how their expertise or assistance will be utilized in relation to the project itself. Please specify if business partner(s) roles are hands-on or indirect.
10. Avoid jargon, acronyms, and do not overwrite. Make it easy for the reviewers to read your entire proposal. A committee comprised of business and community leaders will review your application, and they may not be familiar with educational terms such as “ESOL” and “differentiated instruction”. Briefly explain educational terminology. Also, remember that grant readers review many grant applications, so be thrifty with your words, but do not sacrifice important points to achieve brevity.
11. **Be sure to READ all instructions. Proofread and spell-check your application. Get some honest feedback on your proposal before you submit it. Ask one or two people to critically review the proposal. Use their feedback to strengthen your final application.**

***HCEF Teacher Development Grant Application 2020-2021***

***HCEF Program &***

**Project Title:**

\_\_\_ Career/Technical Education \_\_\_ Low Performing Students

\_\_\_ Increasing Graduation Rate \_\_\_ STEM Education

\_\_\_ Literacy \_\_\_ Teaching Quality

**Priority**

**Focus Areas**

(Check all that apply)

**Subject Area**

(Name all subject areas that apply to this grant request)

**Requested Amount ($)**

**Grades Addressed**

**Number of Low Performing Students**

**Number of Total Students**

**School**

**Teacher(s)**

**Lead Contact Name & E-Mail**

**Lead Contact Name & Phone**

**Number (s)**

**Grant Commitment Pledge**

I give the Hernando County Education Foundation the right to use this

proposal and the results of this project, if funded, for public

information purposes, or to help other educators. **Yes No**

Does this project support the School Boards Strategic Plan? **Yes  No **

Does this project relate to our School Improvement Plan or **Yes  No **

 Florida Standards?

\_\_\_\_ My initials verify my understanding that when I transfer or retire, the Hernando County Education Foundation has the right to make decisions in regard to the equipment purchased and/or continuation with grant monies.

\_\_\_\_ My initials verify my understanding that accountability is critical to the success and further funding of the grant program, without

exception, Mid-Year Progress Reports and Year End Grant Evaluation are due to the HCEF office through deadline dates according to

Funding Deadlines**. I further understand failure to submit these reports will result in my school or department being**

**responsible for returning all funds to the HCEF and possibly be excluded from further grant consideration from the foundation.**

\_\_\_\_ My initials verify my understanding that grant recipients **must submit receipts for all purchases to their school or departments bookkeeper and HCEF.** The bookkeeper & lead applicant are responsible for scanning electronic copies of the receipts these are to be submitted with the End of Year Report. I further understand that any and all unused funds must be returned by check payable to the HCEF along with completed End of Year Submission Form.

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Signature of Lead Applicant Date

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Signature of School Bookkeeper or Director of Finance Date

(It is my understanding that our school is responsible to ensure grant recipients submit all required documentation concerning their grant in a timely manner.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal or Department Supervisor Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Principal or Department Supervisor Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Project Title** | **# of Teachers Served** | **Total # of Students served** |

**Narrative Project Summary (Not to exceed one page):**

**What do you plan to do? What is the purpose? Is it needed? Why do you think this is important?**

**Activities:**

**What activities would be involved and what are the objectives or purpose of them?**

**Timeline:**

**Provide a brief estimated timeline for the implementation of this project. Include expected dates of project launch, evaluation & Implementation.**

**Evaluation Plan:**

**Your project must include an Evaluation Component to measure academic gains. Evaluation tool(s) should provide both quantitative & qualitative data. Explain what tools you will use to provide both kinds of data. The inclusion of baseline data, expected outcomes, and the reporting of measurable results for all sub-grants awarded is required and will include tangible & intangible evidence of objectives.**

**(Specify how data and/or documentation related to each of the following components will be collected, used, and reported, ensuring a high degree of accountability: use of project funds, implementation of project activities, impact of project activities, the extent to which the identified student need(s) was addressed by the end of the project.)**

**Project Abstract: (200 words or less)**

**Summarize the CORE of your project, including expected outcome. Please note this synopsis will be viewable for other members to peruse.**

**Budget Detail:** Budget Items must align to the project activities described in the application. What are you purchasing? Make sure all items are relevant to the grant. What activity does this item support? Please List applicable estimated expenses by category.

|  |  |  |  |
| --- | --- | --- | --- |
| CATEGORY | Item Description(s) | Quantity | Item Cost |
| Salaries\* |  |  |  |
| Professional Contracted Workers\* |  |  |  |
| Classroom Materials |  |  |  |
| Travel |  |  |  |
| Program Supplies |  |  |  |
| Computer Software\*\*\* |  |  |  |
| Computer Hardware\*\*\* |  |  |  |
| Other Equipment |  |  |  |
| Printing\* |  |  |  |
| Tuition/Training/Conferences\*\* |  |  |  |
| Admission Fees |  |  |  |
| Room Rental Fees |  |  |  |
| Other Please Specify |  |  |  |
| Telephone Service\* |  |  |  |
| Postage\* |  |  |  |

\*Only if directly related to program implementation

\*\*Other expenditures must be approved by the foundation before submitted (including out of state travels).

\*\*\*TIS approval required Total Requested from the HCEF $

Have you received any other funds to support this project? If so, how much and from who?

|  |  |  |
| --- | --- | --- |
| **Name of Funding Source** | **Category & Description or Purpose** | **Dollars Received** |
|  |  |  |
|  |  |  |
|  |  |  |

 **Total cost of Project $**

 **Total of other funds received $**

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Bookkeeper’s Signature Date

If only partial funding is approved, how will you be able to fund the balance?

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**HCEF Teacher Development Grant Community Partnership Agreement**

**Please Note:** You may have more than one partner. However, you must have individual signed agreements from all. School employees cannot be listed as community partners. A Community Partnership agreement may be verified via call or email.

**Please describe how your community partner is relevant to and will be involved in the project:**

 I/We\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree to partner with

 (Name of community partner)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for completion of project titled

 (School)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , during the 2020-21 school year.

 (Project)

 The extent of my participation is described above.

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 Community Partner Signature Date

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 Email Address Contact Phone #