

SCHOOL IMPROVEMENT GRANT GUIDELINES

INTRODUCTION:

The School Improvement Grant (SIG) can be used to support any classroom or school based initiative that is creative, innovative, and instructional - one that cannot, and perhaps should not, be funded through the regular instructional fund. Equipment items like computers, scanners, printers, etc. will usually not be considered for funding. The initiative should be one that you as an instructor, administrator, coach, etc. always wanted to do with your students, but could not because there were no available funds. School Improvement grant funds cannot be used to pay staff. The grant is awarded over two (2) years.

THOSE ELIGIBLE TO APPLY:

ANY certified member of the Gary Community School Corporation

APPLICATION:

The application is four (4) pages (*not including this page*). Responses to the outlined request for information should be done in NARRATIVE FORMAT. Follow the sequence of areas as they are organized. The budget **MUST** reflect how the funds will be expended for each year. Please **BE EXPLICIT**.

EVALUATION:

The Gary Educational Development Foundation, Inc. needs to know how well the grant funds are meeting the needs of the students. Describe your evaluation design. At the end of Year I, submit your mid-term evaluation results. This action will trigger payment for Year II. **A final evaluation, which should include a report of all expenditures, will be due at the end of the grant period.**

AWARD AMOUNT:

Maximum award is \$2,000. 50% of total amount awarded will be disbursed in Year I. The other 50% will be disbursed for Year II after the Grant Review Committee receives a mid-term evaluation.

The committee will consider granting the \$2,000.00 in one disbursement in some circumstances deemed beneficial to the entire district.

RETURN COMPLETED GRANT APPLICATIONS TO:

Gary Educational Development Foundation, Inc.
Mrs. Delphia Shelton, Grant Review Committee Chairman
P.O. Box 641257 | Gary, IN 46401-1257

OR EMAIL TO:
chaney1@garycsc.k12.in.us
ATTN: Grant Review Committee

**SCHOOL IMPROVEMENT GRANT
APPLICATION COVER SHEET**

Applicant: _____ Amount Requested: _____

Phone #: _____ Fax #: _____

School: _____ Principal: _____

Enrollment: _____ Grade Level(s): _____

ONE (1) PARAGRAPH SUMMARY DESCRIPTION OF THE PLANNED PROJECT:

Principal's Signature: _____ **Date:** _____

OTHER PERSONNEL INVOLVED WITH PLANNED PROJECT:

	<u>NAME</u>	<u>TITLE</u>	<u>SIGNATURE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

**SCHOOL IMPROVEMENT GRANT
APPLICATION QUESTIONNAIRE**

- 1. What need(s) will the planned project meet/satisfy?
OR to what problem does the planned project provide a solution?**

- 2. What are your goals and what do you expect to accomplish?**

- 3. Describe your plan of action. Indicate a time schedule.**

**SCHOOL IMPROVEMENT GRANT
APPLICATION QUESTIONNAIRE (continued)**

4. Who will be affected by the planned project? (Consider long-range impact on the school, School Corporation, and the community)

5. List the kinds of evidence/information you will use to assess the success of the planned project.

6. What do you expect to happen to the planned project after this grant expires?

**SCHOOL IMPROVEMENT GRANT
BUDGET REQUEST**

List items that **CANNOT** be acquired with school funds. Include only what has been determined as something needed for the success of the project.

NOTE: A report of ALL expenditures will be due at the end of the grant period.

YEAR I BUDGET ITEMS

BUDGET AMOUNT

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
TOTAL BUDGET FOR YEAR I:	\$ _____

YEAR II BUDGET ITEMS

BUDGET AMOUNT

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
TOTAL BUDGET FOR YEAR II:	\$ _____

****If additional space is needed, please follow the format above by labeling items Year I or Year II and continuing the number sequence. Do not forget include any attached items in your listed total budget for the respective year.**

**SCHOOL IMPROVEMENT GRANT
CHECK LIST**

PRINCIPAL'S SIGNATURE	<input type="checkbox"/>
SPONSOR/APPLICANT SIGNATURE	<input type="checkbox"/>
LIST OF STUDENT NAMES	<input type="checkbox"/>
PROJECT DETAILS	<input type="checkbox"/>
PROJECT BUDGET	<input type="checkbox"/>
SUPPORTING DOCUMENTATION	<input type="checkbox"/>
CONTACT NAME, TELEPHONE NUMBER AND E-MAIL ADDRESS	<input type="checkbox"/>

Submit your budget using this form: <https://form.jotform.com/240246794410151>

Note: Please make sure ALL items are included prior to submitting this application.