Name of Grant: _____

Type of Grant: ☐ Individual (single classroom) ☐ Team (grade level/department) ☐ School-wide

2019 Focus Areas of Critical Needs:
(Please select which area, if applicable to this grant application)

☐ Early Literacy   ☐ Children's Health   ☐ Social Development

2019 JUNIOR LEAGUE OF JACKSON/EDUCATION FOUNDATION TRUST OF JACKSON
JPS TEACHER MINI-GRANT APPLICATION

Please follow these guidelines for your application to receive consideration:

1. The entire application must be typed.
2. **Grants that include school or teacher(s) names beyond the cover page will be disqualified.**
3. Principals must submit all completed applications in Word format to tfaulkner@jackson.k12.ms.us. The subject line **MUST READ JLJ/EJT grants: 2019**. No grants will be reviewed that do not include this information in the subject line of the email. Applications must be submitted on or before 4:00 p.m. on May 28, 2019. Late submissions will not be reviewed.

Do not include this identifying information (school name) beyond this cover page

Name of Applicant(s): If this is a team or school application, **list the contact person first.**

Email Address

_____   _____

_____   _____

_____   _____

School: _____   Grade/department: _____

Category: ☐ Individual (Single Classroom) Project   ☐ Team (grade level/department) Project   ☐ School-wide Project

School Address: _____   Phone: ___ - ___ - ___   Fax: ___ - ___ - ___

Title of Proposal: _____
Grant Request Amount: _____

Principal's name: _____   **Date:** _____

The submission of this grant, by the school's principal, confirms the following:

1. I understand if the school's name appears beyond the cover page, the grant application will be disqualified.
2. **The first requisition, listing JPS approved vendors, must be submitted at or before the JLJ Awardees reception.** Once the initial requisition is processed, grantees will be notified of any remaining funds. Another requisition must be submitted to the Partners in Education department within 10 (ten) business days of being notified or funds will be forfeited.
3. I agree to participate in an evaluation process to assess the effectiveness of the activities supported by grant funds.
4. All technology items have been reviewed and approved by the JPS Information Technology Department, prior to submission. Please list the person's name here who reviewed this grant: _____.

Name of Grant: _____

Type of Grant: ☐ Individual (single classroom)   ☐ Team (grade level/department)   ☐ School-wide

JLJ Focus Areas of Critical Needs:

☐ Early Literacy   ☐ Children's Health   ☐ Social Development

(Please select which area, if applicable to this grant application)

Grant Application

A. Need:
Give a brief, specific description of the need for the proposed project. Include data. Give curriculum objectives to be met.

B. Goals:
What are the goals for this project? The goals should be specific and measurable. Describe the timeline for the project.

C. Plan:
Give a specific plan for meeting the identified needs above. Give specific strategies and activities that will foster higher level thinking skills.

D. Budget: Individual grant up to $3,000; Team grant up to $5,000; School grant up to $10,000
Give a brief description of all materials to be ordered and how they will be used in the project. Include how many years the materials will be used and how many students will be impacted. Complete a separate Budget Request form for each vendor. Verify that the vendor is listed as a current JPS vendor in Marathon, or has agreed to become a vendor.

E. Outcomes:
Explain how you will assess the project's impact and include the number of students impacted. How will you measure the outcomes? How will you share the knowledge with other teachers for shared learning?

F. Goals Alignment:
How does this grant align with the strategic goals of JPS?

The name of the school or the teacher should not appear beyond the cover page. <mark>Listing this information elsewhere will result in disqualification of funding consideration.</mark>

Name of Grant: _____

Type of Grant: ☐ Individual (single classroom)   ☐ Team (grade level/department)   ☐ School-wide

JLJ Focus Areas of Critical Needs:

☐ Early Literacy   ☐ Children's Health   ☐ Social Development

Subject: _____

Budget Request
The name of the school or the teacher should not appear on this page.
Listing this information will result in disqualification of funding consideration.

Breakdown of Expenditures: List each item separately. Include catalog number, supplier name, and cost, where applicable. **Be sure to include any shipping and handling charges**. Include supplemental documentation, such as a copy of catalog description, if applicable. <mark>**Please list only vendors who are in Marathon, or those who agree to be added as a vendor. Each vendor must be listed on a separate sheet.**</mark>

Vendor Name				Phone number		
Address				City, State, Zip		
Line #	**Qty.**	**Unit**	**Item**	**Description**	**Unit Price**	**Total**

				Shipping and handling (per vendor)		
				Page total/Amount requested per vendor: $		
				Total Budget requested: $		

Name of Grant: _ _____

Subject _ _____ Type of Grant: ☐ Individual ☐ Team ☐ School

Grant Rubric

A. Need (20 points)
   a. Proposal is data-driven and shows evidence of need.   ___10
   b. Curriculum objective is clearly stated.   ___5
   c. Proposal is a team or school-wide grant.   ___5
                                                                             ___/20

B. Goals (25 points)
   a. Proposal is specific in identifying who is involved, what will be accomplished, and the benefits of accomplishing such goals.   ___5
   b. Proposal offers concrete criteria for measuring progress toward goal attainment.   ___5
   c. Goals are achievable and realistic, i.e. they can be accomplished given resources, knowledge and in the specified time frame.   ___15
                                                                             ___/ 25

C. Instructional Plan (25 points)
   a. Fosters higher level thinking skills   ___10
   b. Creative   ___5
   c. Evidence of student participation specifically related to curriculum objectives   ___5
   d. Meets stated need   ___5
                                                                             ___/ 25

D. Budget (5 points)
   . Can be used for multiple years and necessary to achieve outcomes   ___5
                                                                             ___/ 5

E. Outcomes (25 points)
   a. Evaluation is well-planned and includes the number of students impacted   ___10
   b. Depicts how results will be reported   ___5
   c. Clearly outlines professional development plan to share with other teachers   ___10
                                                                             ___/ 25

Possible perfect score: 100   **TOTAL POINTS:** 🟩