

Argyle Education Foundation
GRANTS-TO-TEACHERS PROGRAM

APPLICATION GUIDELINES – *Revised 8/11/03*

- **Award Range:** \$100 - \$1,000 (Endowment values vary)
- **Available Funding:** Two funding rounds will occur: Fall and Spring. Funding levels are approved by the foundation Board of directors prior to the application period. Endowment grants are funded as specified by the endowment. The amount of available funds for grant awards will be announced prior to each funding round. The total number of recipients in each round will vary, based on the actual dollar requests (\$100 - \$1,000) of the projects as well as the total funds available in the funding round.
- **Application Deadlines:** Fall Due Date: **First Wednesday in October** Spring Due Date: **First Monday in March**
- **Notification of Recipients:** Approximately four to six weeks from submission of the grant applications during each funding round.
- **Dates for Awarding Funds:** Funds for each Request for Grant Proposal Round are payable through the Business Office. You will be notified with necessary paperwork. Slight change in starting date is negotiable, based on unique needs of the project. ***Recipients must adhere to all AISD purchasing guidelines.***
- **Project Duration:** The project duration is 12 months. Any unexpended funds will revert to the Argyle Education Foundation at the end of the 12-month period.
- **Applicant Eligibility:** Grants are limited to AISD established curriculum framework for professional personnel working directly with children, including teachers, counselors, librarians, and nurses. **Extracurricular activities are excluded.** Applicants may apply individually or as a grade-level or subject matter team. In the case of team-based proposals, a Project Director **must** be designated to assume overall administrative responsibility for the project, and all related correspondence will be so directed. ***Simultaneous funding of projects will not occur: so individuals/groups currently receiving funding for a project which will continue another semester are not eligible to apply in the current funding round.***
- **Eligible Projects:** All projects must offer an ***innovative, creative*** approach to either an identified classroom need within the AISD established curriculum framework or special student-based projects conducted by counselors, librarians, or nurses. Proposals will be judged on the basis of their ***innovative*** approach. Funds **may not** replace normal funding from tax-based sources. Products purchased with grant funds become the property of the district, not the individual. The proposal **must** describe some quantitative and/or qualitative method to evaluate the success of the project.
- **Proposal Review:** Proposals shall be objectively reviewed by the Grant Selection Committee. Prior to submittal, the teachers' principal's signature is required. All proposals will be subject to number-coded, blind review relative to applicant(s) and specific campus. Accordingly, specific reference to the applicant and campus should be limited to information on the cover page, and any such mention within the text will be deleted before committee review. Prior to final announcement of grant awards, projects selected for funding will be reviewed by the AISD Curriculum and Instruction Department for the express purpose of assuring compliance with District Guidelines, **not** for selection of recipients.
- **Submission of Proposals:** All proposal submissions must be **received** by 5:00 p.m. on the First Wednesday of either October or First Monday of March, based on the designated funding round. Electronically submitted proposals will not be accepted. They must be delivered through campus, U.S. Mail, or in person to:

Dr. Telen Wright

Argyle ISD Education Foundation
800 Eagle Drive
Argyle, TX 76226

_____ Fall Deadline: **First Wednesday in October**

Code _____

_____ Spring Deadline: **First Monday in March**

ARGYLE EDUCATION FOUNDATION
GRANTS-TO-TEACHERS APPLICATION
COVER SHEET

NOTE: Please type.

Name of Project Chairman: _____

This is a team proposal: _____yes _____no (*If yes, list team members below.*)

Campus Name: _____ E-mail Address: _____

Campus: _____ Grade/Subject(s): _____

School Address: _____ School Phone: _____

Home Address: _____ Home Phone: _____

Title of Proposed Project: _____

Anticipated Date of Implementation: _____

Anticipated Date of Completion: _____

Total Dollar Amount Requested (\$100-\$1,000): _____

Applicant Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Please deliver to:

Dr. Telena Wright

DO NOT FAX OR E-MAIL

NOTE: Grant reviews are anonymous. This cover sheet will not be included as a part of the actual selection process by the Program Allocations Committee. Consideration of your request will be based entirely on the following proposal. Please TYPE.

