

Schalmont IDEA Grant

A JOINT VENTURE IN INNOVATION

Schalmont Teachers' Association/Schalmont Central School District

Mini IDEA Grant Application

Submit eight (8) copies of your grant proposal narrative and budget sheet to IDEA Grant Chairperson
(Keep a copy for your records)

APPLICANT _____

GROUP MEMBERS (IF APPLICABLE) _____

SCHOOL _____ POSITION _____

DATE OF APPLICATION _____ TARGET AUDIENCE _____

GRANT FUNDING REQUEST \$ _____

PURPOSE OF GRANT (One sentence): _____

On a separate page, answer the following:

I. **PROPOSAL SUMMARY:** One-half page minimum. Explain why you are requesting this grant, what outcomes will be achieved, how funds will be used, and how the project relates to the NYS standards.

II. EVALUATION

Explain how you will measure that your planned outcomes have been achieved.

III. DISSEMINATION

Explain how you will share your project with your colleagues (Powerpoint, video, DVD)

IV. COMPLETE BUDGET

(Please feel free to make copies of this form or generate this one-page cover sheet on your computer)