2024 Council Rock Education Foundation Innovative Grant Application

The Council Rock Education Foundation (CREF) seeks to fund innovative projects/programs that elevate educational opportunities for Council Rock School District's (CRSD) students which are not included in the annual CRSD budget. CREF values projects that enhance CRSD curriculum and positively impact students, encouraging a lifelong love of learning.

<u>Applicants must select one grant category below for their proposal:</u>

- Teacher/Classroom Grants
 - Funding for projects/programs at a single CRSD school
 - Maximum: \$6,000 per grant
- Districtwide/Collaborative Grants
 - o Funding for projects/programs throughout multiple CRSD schools
 - Maximum: \$10,000 per grant
- CRSD Alumni Directed Grant
 - Funding projects/programs with a focus on Social Studies which includes civics and government, economics, geography, history, and student interpersonal skills
 - Maximum: up to \$5,000 in total for 2024-2025

Proposals are scored on their ability to demonstrate the following:

- · Alignment with CRSD and CREF Mission and Goals
- Impact and Significance
- Innovation and Creativity
- Feasibility and Sustainability
- · Evidence-Based Practices
- Community Engagement and Collaboration
- Measurable Outcomes and Evaluation
- Equity and Inclusivity
- Capacity of the Applicant
- Scalability and Replicability
- Communication and Transparency
- · Compliance and Accountability
- Timeliness

Important Information:

1. Please read through the CREF Grants Guidelines and full application so you have all the needed documents ready to submit.

- 2. The following items must be uploaded: itemized project budget and signature sheet (this can be downloaded from this application, completed, and then uploaded for final submission).
- 3. Applications must be completed electronically through the online portal. Hard copies will not be accepted.
- 4. Incomplete applications and applications without signatures will not be considered.

Additionally, please review the checklist below before submitting your application:

- Schedule a brief meeting with your principal or administrator to review your proposal.
- Schedule a brief meeting with the CRSD Information Technology department to ensure compatibility of project/program equipment, applications, software, etc. if applicable.
- Schedule a brief meeting with the Business office to ensure feasibility of any projects/programs that alter CRSD facilities or require special equipment.
- Budget should not include taxes (CRSD/CREF are tax exempt organizations), or funding for transportation, lodging, and meals.
- Schedule ample time to meet and acquire necessary signatures from principals, curriculum coordinators, Director of IT, and Director of Business Administration.

If you have any questions, please contact CREF at office@creducationfoundation.org

* Indicates required question

| 1. | Email * |
|----------|--|
| | |
| | Contact Information |
| S | Please read through the full application so you are prepared to submit a complete submission. A copy of the hard application can be found at |
| <u>r</u> | http://creducationfoundation.org/grants/cref-innovative-learning-grant-application/ |
| 2. | Main Applicant's Name * |
| | |

| • | Main Applicant's Cell Phone Number * |
|---|---|
| • | Location of Employment * |
| | Contributing partners or others involved in applying for this grant, if applicable. Please list names, schools, and emails. (N/A if applying for a District Wide or Collaborative Grant.) |
| • | Principal, Curriculum Coordinator or Administrator involved with this grant application. |
| | Title of Project/Program * |
| • | Amount Requesting for Project/Program * |

| 9. | Are you applying for the CRSD Alumni Family Directed Grant - funding projects/programs with a focus in Civics/Government/Social Studies/History? | * | |
|-----|--|---|--|
| | Mark only one oval. | | |
| | Yes | | |
| | No | | |
| 10. | Please provide a brief overview of the project or program you are hoping to implement should you be awarded the grant. (How would you describe your project in 3-5 sentences?) | * | |
| | | | |
| | | | |
| 11. | The Foundation has my permission to share the above overview of the <pre>project/program</pre> summary of this project on the CREF website and collateral. | * | |
| | Mark only one oval. | | |
| | Yes | | |
| | No | | |
| | District Wide or Collaborative Applicants ONLY | | |
| | A Collaborative Grant benefits two or more schools. A District Wide Grant benefits all schools in the CRSD. | | |

This next section **MUST** be completed if this project is a District Wide or Collaborative grant. Additional Applicant Names and Signatures (required for Collaborative Grants)

| 12. | each participating school plus the principal's name. Please include below. |
|-----|--|
| | |
| | |
| | |
| | |
| | |
| 13. | I agree that all collaborative partners/teachers identified above have agreed to this project/program. |
| | Check all that apply. |
| | Yes |
| | |
| | Location of Project/Program and Student Benefits |

Please tell us where your project will take place and how students will benefit from the project.

| 14. | Where will the project/program take place? Please select all that apply. * | | | | |
|-----|--|--|--|--|--|
| | Check all that apply. | | | | |
| | Council Rock North | | | | |
| | Council Rock South | | | | |
| | Holland Middle School | | | | |
| | Newtown Middle School | | | | |
| | Churchville ES | | | | |
| | Goodnoe ES | | | | |
| | Hillcrest ES | | | | |
| | Holland ES | | | | |
| | Maureen M. Welch ES | | | | |
| | Newtown ES | | | | |
| | Richboro ES | | | | |
| | Rolling Hills ES | | | | |
| | Sol Feinstone ES | | | | |
| | Wrightstown ES | | | | |
| | STAR Center | | | | |
| | Other: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| 1 | 5. | What grade level (s) benefit from this project/program? (Please select all that apply.) | * |
|---|----|---|---|
| | | Check all that apply. | |
| | | Kindergarten | |
| | | 1st | |
| | | 2nd | |
| | | ☐ 3rd | |
| | | 4th | |
| | | 5th | |
| | | ☐ 6th | |
| | | 7th | |
| | | ☐ 8th | |
| | | 9th | |
| | | 10th | |
| | | ☐ 11th | |
| | | 12th | |
| | | Achieve Students | |
| 1 | 6. | Approximately how many students will benefit from your project/program? * | |
| | | | |

| How will the students benefit? |
|---|
| Describe project/program goals and objectives? |
| - Identify the needs of your classroom/school/district related to the proposed |
| project/program. |
| - Describe how you believe this project/program addresses those needs. |
| - Expand on innovative strategies to implement project/program. |
| -Identify the intended impact on CRSD students and community. |
| |
| |
| FOR COLLABORATIVE GRANT APPLICANTS ONLY: Describe how these project go are supported through collaborative partners within the school, with other groups such as PTO's, or across the school community. If applicable, describe how this project engages the larger Council Rock community as active participants in the schools. |
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The project/program must adhere to the CRSD curriculum guidelines.

| What is the main curricular area in which your project will be used? Please choosene. |
|---|
| Mark only one oval. |
| STEAM |
| Science |
| Technology/Computer Sciences |
| Arts and Humanities (visual arts, music, theater, and dance) |
| Engineering |
| Mathematics |
| Language Arts (reading, writing, speaking, and listening) |
| English Language Development (ELD) |
| Social Studies (civics and government, economics, geography, and history) |
| Physical Education |
| Health & Wellness |
| Special Education |
| Business/Economics |
| Counseling |
| Career/Vocational Education |
| Foreign Language |
| Other: |

*

| 21. | Does this project/program comply with the CRSD curriculum guidelines? * |
|-----|---|
| | Mark only one oval. |
| | Yes |
| | ◯ No |
| | |
| 22 | Describe how the preject/presure interrector into the CDCD Commissions |
| 22. | Describe how the project/program integrates into the CRSD Curriculum? ** Please share examples of lessons or activities you can do with this project |
| | demonstrating that it is integrated into the CRSD Curriculum or explain the areas |
| | of the CRSD Curriculum you are enhancing. |
| | |
| | |
| | |
| | |
| | Timeline and Evaluation |
| | expectation is that the project/program will begin implementation in the 2024-2025 ool year. Further the Project/Program must be evaluated to measure it's success. |
| 23. | What is your projected timeline for the project/program? Consider the following *questions when answering. |
| | When will it begin? When does it end? Is it yearlong, a semester, or a unit of study? |
| | When are evaluation measures implemented? If applicable, when will marketing |
| | initiatives be enacted? |
| | |
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| | |

| | Examples: surveys, rubrics, anecdotal notes, tests, participation, questionnaire, portfolio, interviews etc. | |
|--|--|---|
| | | _ |
| | Sharing | |
| | aring a successful project/program is important to CREF and spreading great ideas across (SD Community. | |
| | How will you share your project/program and outcomes with your colleagues, parents, CREF and the greater CRSD community? | * |
| | Check all that apply. | |
| | Staff Meeting | |
| | Parent/Teacher Conference | |
| | Grade Level Meeting | |
| | Newsletter | |
| | Social media | |
| | External publications | |
| | | |
| | External conferences or workshops | |

CREF values projects/programs that can be sustained over time. How will your proposed grant project continue after the first year you implement it?

| 26. | Will your grant project/program continue after the first year of implementation? * | |
|-----|--|---|
| | Mark only one oval. | |
| | Yes No | |
| | | |
| 27. | Does your project/program need continued funding to replenish materials or renew subscriptions? | * |
| | Mark only one oval. | |
| | Yes (If Yes, please answer the next question.) No | |
| 28. | How do you plan to continue to fund the project if further funding is required. | |
| 29. | Explain how, if your teaching assignment changed for the next school year, you would be able to transfer your project/program to a colleague and/or use it in a different setting? | * |
| 30. | Is this a new project/program at CRSD? * | |
| | Check all that apply. Yes | |
| | □ No | |
| | Other: | |

| 31. | Has this project received previous funding from CREF? * |
|-----|---|
| | Mark only one oval. |
| | Yes |
| | No |
| | |
| 32. | If this is not a new project/program at CRSD, how is this proposal an improvement in what exists currently? |
| | |
| | |
| | |
| | Proposed Grant Budget Information |

Please itemize all costs associated with the grant request. Please upload any supporting documents such as budget, quotes, invoices, or "screen shots" of online shopping carts. Please note - transportation costs are not covered. Reminder a maximum grant request of \$6,000 for single classroom/school and a maximum grant request of \$10,000 for district wide.



Grant Application Budget Page

Please itemize all costs associated with the grant request. Upload any supporting documents such as quotes, invoices, or "screen shots" of online shopping carts. *Please note, pricing in the quote should be valid until purchase (typically Fall 2024).*

Important Instructions from the Business Office should your grant application receive funding:

- If you are purchasing a product with a unit cost greater than \$1,000, please provide
 documentation of a minimum of three (3) quotes. Requisitions that do not have this
 information attached will be rejected. If it is impossible to get quotes because only one
 vendor provides the product, please document this in the notes of the requisition.
- If you are purchasing an item that is on one of the bid lists, please ensure that the bid number and item number are noted on the requisition form. If it is not included, the requisition will be rejected.
- · Please note, taxes, transportation, lodging, and meals will not be funded.
- · If you have any questions, please contact the CRSD Business Office directly.

| Materials and Supplies | Qty | Amount | Total |
|---------------------------|-----|--------|-------|
| | | | |
| | | | |
| Equipment | | | |
| | | | |
| | | | |
| Cubanintianaand | | | |
| Subscriptions and Fees | | | |
| | | | |
| | | | |
| Total Cost | | | |

Files submitted:

| 34. | Are there additional components of the project/program to be funded by other sources? (e.g. transportation or food paid by the school's PTO) |
|-----|--|
| | Mark only one oval. |
| | Yes |
| | ◯ No |
| | |
| 35. | If yes, describe how the additional funds will expand or enhance the scope of the project/program. |
| | |
| 36. | If you have applied for funding elsewhere please list the name of the organization and the amount requested. Please indicate the outcome of the request if known at this time. |
| | |
| 37. | If yes, describe how the additional funds will expand or enhance the scope of the project. |
| | |
| | |
| | |
| | |

| 38. | Can the project/program be modified if CREF cannot fund the total amount requested? | * |
|-----|--|---|
| | Mark only one oval. | |
| | Yes | |
| | No | |
| | | |
| 39. | If your project/program can be modified, how would you change your project/program to fit a lesser budget? | |
| | Signatures of Support | |

40. Signatures - please save this image, complete, then upload below. *



Grant Application Signature Page

all signatures required unless noted

If more than one building is involved, please have each building administrator sign this page.

| Name of Grant Project | |
|---|---|
| Applicant(s) Name | Applicant(s) Signature |
| | |
| | |
| District Curriculum Coordinator Name | District Curriculum Coordinator Signature |
| Building Administrator Name | Building Administrator Signature |
| | |
| | |
| | |
| IT Director Name (if applicable) | IT Director Signature (if applicable) |
| | |
| Dir. of Business Administration Name (if applicable) | Dir. of Business Administration Signature (if applicable) |
| | |
| Date submitted | |

Files submitted:

Terms of Acceptance of Funds

Upon grant approval, applicant will be asked to submit periodic updates, provide photographs/video/written information of the implementation of the project/program as described in the application, and share project/program completion information and assessment of project outcomes at a quarterly CREF board meeting.

Grant funds will be disbursed after July 1, 2024 for the 2024-2025 school year.

All grant applicants agree to submit a completed interim and final GRANT SUMMARY REPORT before December 31, 2023 and June 30, 2024 respectively. If awarded, these templates will be provided to you.

Funded applicants must identify the Council Rock Education Foundation as the funding source in all written/spoken discussions/promotions and in displays of work related to the funded project.

| 41. | If awarded, I agree to the terms of acceptance of funds. * | | |
|-----|---|--|--|
| | Check all that apply. | | |
| | Yes. I will comply with the terms of acceptance. | | |
| | | | |
| 42. | I understand that by checking this box, I agree to submit my final application to CREF for review. | | |
| | Check all that apply. | | |
| | Yes, this application is final and complete. | | |
| | | | |

All Grant Winners are invited to attend the Grant Winners Reception and Introduction to the Board of School Directors on Thursday, May 16, 2024. Please save the date!

All applicants will be notified by May 3, 2024 as to the status of their application.