

***TIGER Grants***

**(formerly known as TIGER Grants)**

 **Grant Application Packet
for Employees**



***TIGER Grants***

**2024 Timeline**

**September 30, 2024** Call for Grants

**October 25, 2024** Grants Due

**November 7, 2024**  Formal Grant Meeting and Grant Review Complete

**November 10, 2024** Vote by the TISD Education Foundation Board

**November 13, 2024** Grants total submitted to TISD School Board

 **December 2024** Grant Prize Patrol



**TIGER Grants**

**Guidelines for Grant Applications**

**Purpose:**

TIGER Grants are designed to encourage, facilitate, recognize, and reward innovative and creative instructional approaches to achieving program objectives. TISD Education Foundation (TISDEF) is offering teachers, administrators, and support staff the opportunity to apply for grants to support innovative programs or projects that support higher levels of student learning. The grants must enhance student academic performance and support the objectives, goals, and initiatives of Texarkana Independent School District.

**Persons Eligible to Apply for Grants:**

Individuals or teams employed by Texarkana Independent School District who are involved in the instruction of students or related support services benefiting students.

**Eligible Proposals:**

Instructional approaches or projects designed to begin during the Spring semester of the 2024 school year and which meet the selection criteria. Grants may fund instructional and classroom materials, parent involvement programs, or any activity or material that supports higher levels of student academic achievement.

**Award of Funds:**

* Grants of up to $1,000 will be awarded to individual teacher-initiated programs or projects.
* Grants of up to $5,000 will be awarded to campus teams, departments, and district-initiated programs or projects.
* The number of awards will depend on funds available from TISDEF.

**Selection Criteria:**

* The degree to which the grant supports the district goals and the Campus Improvement Plan is specifically designed to address a data-substantiated area of need.
* The degree to which student academic performance is emphasized.
* The degree to which sound evaluation procedures are incorporated in the proposal.
* The degree to which the proposal represents a creative or innovative approach to the accomplishment of objectives. Funds are not typically available for recurring programs/projects. (The proposal should address a new project as opposed to one accomplished or underway.)
* The degree to which the proposal is clear and logical, including (a) specificity of objectives, (b) clarity of description of instructional procedures, methods, or treatments; and (c) correspondence among evaluative procedures, objectives, and treatments.

***Grant Applications should be submitted electronically to Shawn Edmonds, Executive Director of the TISDEF. Email the*** *application as an attachment to* ***shawn.edmonds@txkisd.net.***

*A hardcopy with original signatures on the cover sheet must also be delivered to
Shawn Edmonds at the district administrative office.*

**Selection Process:**

1. Application forms may be obtained online through the TISD website.
2. Teacher-initiated applications must be reviewed by a Campus Leadership Team and/or Campus Principal for congruence with campus programs and signed by the principal.
3. Signed applications are due to the TISDEF Grant Review Committee by the date selected by the TISDEF Board of Directors.
4. Applications will be reviewed and commented on by the Grant Application Review Committee made up of the following members:
	1. The Vice-President of Programs - elected by the TISDEF Board of Directors as well as the members of the Programs Committee, which the President of the TISDEF Board has appointed;
	2. Community Representatives as approved by the Foundation Board of Directors;
	3. TISD Chief Academic Officer, Chief Operations Officer, Instructional Technology Coordinator, and/or Director of Information Technology will be non-voting members of the grant review team but available for consultation as needed and
	4. Others, as determined by the TISDEF Board of Directors
5. If recommended for approval, the application is presented to the Board of Directors of TISDEF in summary form for review and formal approval.
6. If approved by the TISDEF Board of Directors, the application will be collectively presented to the TISD School Board for formal acceptance of the grant funds.
7. Applicants will be notified of decisions by the date specified by the committee.

**Responsibilities of Grant Recipients:**

* Use the awards for the purposes intended.
* Funds must be expended by the end of the semester immediately following award notification, and projects awarded must be fully implemented by the end of the following semester.
* The project must be fully implemented, and the final report must be submitted to TISDEF before recipients can submit an application for another grant.
* Agree to share successful procedures in staff development sessions.

**When applying for a grant, please remember the following:**

* Do not use the name of your campus in the application.
* Grants fund projects that cannot be funded by the school and district budgets.
* Grant requests intended to be a ‘phase II’ or build upon a previous year’s grant must have a grant progress report on file in the TISDEF department.
* Objectives and outcomes should be consistent with your school's and the district's goals.
* Grants cannot be used to fund teacher training or travel. When creating your budget, research carefully and be realistic. Small grants are just as likely to be awarded as large grants. Partial funding will be considered. Funds will not be awarded for budgeted items available from district resources.
* Projects awarded must be fully implemented by the end of the following semester.
* ***Grant Applications should be submitted to the TISDEF electronically.*** *Email the application as an attachment to* ***shawn.edmonds@txkisd.net****. A hard copy with original signatures on the cover sheet must be forwarded to Shawn Edmonds at the TISD Administrative Office.*

**Tips for a Successful Application**

**Statement of Need:**

* Describe the area of student achievement you wish to address and give any data that supports the need. Please include how this grant addresses district and campus goals.
* Keep the statement simple and straightforward.
* Show how the project relates to the District/Campus Improvement Plan(s).

**Objectives:**

* Limit the number of objectives.
* Imply or state evaluation in the statement of objectives.
* Be specific.

 **Description of Proposed Project/Activity:**

* Describe the problem or issue addressed.
* Show how the project supports the purpose.
* List steps to be followed in project implementation.
* Relate the project to needs and objectives.
* Be specific.

**Evaluation:**

* Relate to stated objectives.
* Indicate how you will know whether the project was successful.

**Partners:**

* Are there others who will participate in this project?
* What will their roles be?

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**TIGER Grants Application Cover Page**

Project Title:

Name of Applicant(s) Signature of Applicant(s)

School(s):

Grade(s): (list each grade level)

Subject(s):

Number of Students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Amount of Grant: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary target population to be served:

 \_\_\_ students (target group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 \_\_\_ parents

 \_\_\_ teachers

Anticipated Implementation dates:

**(It is the grant applicant’s responsibility to obtain the required signatures prior to submitting this application)**

Signature of Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Signature of Instructional Technology Coordinator\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

*\* Required when funds will be used to purchase technology and/or media equipment.*

Signature of Chief Operations Officer\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

*\* Required when funds will be used for construction or maintenance.*

**(The Grant Review Committee will not see this page)**

|  |
| --- |
| Abstract (no more than 100 words) |

**(Please ensure that your abstract does not contain any identifying factors, including campus, student, and staff names.)**

**TIGER Grant Application**

**IMPORTANT - Do not include the name of your campus in the Project Title or application**

**Project Title:**

Grade(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Students:

 (List each grade level)

CHECK ONE: This project is: ◻ new to the district ◻ new to my campus ◻ new to me.

CHECK ONE: Have you received funds for this project from TISD previously? ◻ Yes ◻ No

DIRECTIONS: Please provide a summary for each area listed below.

|  |
| --- |
| **Need:** (Describe the area of student achievement you wish to address and give any data that supports the need. Please include how this grant addresses district and campus goals.) |
| **Objectives:** (State measurable objectives in terms of student behavior or performance.) |
| **Description of Proposed Project/Activity:** (Describe what you want to do with the grant funds. List activities and timeline. How is it innovative?) |
| **Evaluation Strategy:** (Describe how you will know if your objectives are met. How will you share your program’s successes with your peers?) |
| **Partners:** (Identify any school and/or community partners involved in the project and their respective roles.) |
| **Sustainability:** (If funded, how will you continue the program/project in the future? What will be the recurring costs? How will this program/project be funded later?) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Items** | **Amount** | **Vendor** | **Budget Code****Business Office** |
| Supplies (please list) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Equipment |  |  |  |
|  |  |  |  |
| Contracted Services (list consultants) |  |  |  |
|  |  |  |  |
| Other: |  |  |  |
|  |  |  |  |
| TOTAL |  |  |  |

DIRECTIONS: Note the budget distribution for each category.  **Be specific.**

**Criteria for Grant Reviewer Scoring Matrix**

Application Number Evaluator #

Project Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please circle yes if the following criteria are met for this grant.*

**Please check the statement below that best describes how you would rank this application.**

* I recommend funding this project.
* I recommend partial funding. Amount? $ \_\_\_\_\_\_\_\_\_\_\_

◻ I would recommend funding this project if there were extra money.

◻ I would not recommend funding this project.

|  |  |
| --- | --- |
| **Criteria** | **Criteria is met in this grant application** |
| Need is clearly stated. Supports districts and campus goals. | yes no |
| Objectives are specifically stated and measurable.  | yes no |
| Activities/procedures specifically stated and relate to purpose and objectives. Innovation is apparent. | yes no |
| Evaluation strategy is clearly stated and relevant to the objectives and student performance. | yes no |
| Budget is complete, realistic, accurate and appropriate. | yes no |
| Project includes participation and support of parents, community and/or business partners. | yes no |
| **GRAND TOTAL** |  |

Additional Comments (please use another page if necessary)