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| Student Achievement GrantIntake Sheet / Application |

BCSD EDUCATION FOUNDATION Application # \_\_\_\_\_\_\_\_\_

STUDENT ACHIEVEMENT GRANTS (For BCSD EF Use Only)

#### INTAKE SHEET

This Intake Sheet is attached only to your original proposal.

Application Deadline: FRIDAY, the first week in April (No later than 4:30 p.m.)

Please send or deliver to: Bakersfield City School District, Education Foundation, c/o Business Services, 1300 Baker Street, Bakersfield, CA 93305. **All applications must be typed, not handwritten**. **Applicant is defined as any staff member who has daily and direct interactions with students.**

**Originals Only. Faxes/Copies/Emails will not be accepted.**

# School Information

School

School Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested (Round to next dollar figure/no cents) $

Project Title (brief)

Principal’s Signature

# Applicant Information

Type of Grant (Please Check One) [ ]  INDIVIDUAL [ ]  PARTNER/TEAM

Focus Area (Please Check One)

 [ ]  Computers/Technology [ ]  Humanities/Social Studies

 [ ]  Counseling/Life Skills [ ]  Math/Science

 [ ]  Physical & Health Education [ ]  English & Language Arts

 [ ]  Visual & Performing Arts [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact information of all grant participants (Must be based at a school site):**

|  |  |
| --- | --- |
| Name | Home Address/Zip/Phone Number |
| Position | Signature |

|  |  |
| --- | --- |
| Name | Home Address/Zip/Phone Number |
| Position | Signature |

|  |  |
| --- | --- |
| Name | Home Address/Zip/Phone Number |
| Position | Signature |

**For Education Foundation Use Only:**

 Yes No Yes No

Received by deadline \_\_\_\_ \_\_\_\_ Budget Complete \_\_\_\_ \_\_\_\_

Completed Intake Sheet/Signatures \_\_\_\_ \_\_\_\_

Page Limit Met \_\_\_\_ \_\_\_\_ **Qualified for Review: \_\_\_\_ \_\_\_\_**

All Sections Addressed in Narrative \_\_\_\_ \_\_\_\_ **Disqualified:** \_\_\_\_ \_\_\_\_

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#### COVER SHEET

  **Individual** **Partner/Team**

Project Information

Project Title (brief) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of students affected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of staff/adult participants

Amount Requested (Round to next dollar figure/no cents) $

Please Do Not Include Applicant(s), Other Employees of the School Site, Principal or School name

in text of any part of the proposal.
**Applicant is defined as any staff member who has daily and direct interactions with students.**

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Proposal Narrative:

1. Need: Briefly explain the need for your proposed project.

2. Goal: State the overall goal of this project and objectives.

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3. Methods: State how the project provides an innovative approach and describe project activities.

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4. Evaluation: Describe how you will measure success including the related CA standard (i.e. pre/post-test, academic growth measurements).

5. Timeline: Please provide a timeline of all activities for your project (July– May).

6. Collaboration: Show how the project will work with other resources and staff members. This section is especially important to applicants who are applying for a “Partner/Team Grant Level.”

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7. Budget: Complete Budget Justification Sheet

BUDGET JUSTIFICATION Complete the following form. Make sure to tie your grant activities to budget requested items.

Up to $1,000 for Individual / Up to $2,000 for Partners. Budget will not cover the following expenses: research, teacher extra pay, substitutes, classified extra pay, employment tax, consultant fees, and travel and conference.

NOTE: All funds must be expended by May 1 of the awarded school year (with final receipts turned in by May 15 of award year).

|  |  |  |
| --- | --- | --- |
| Explanation | Amount Requested(Round to dollar figure/no cents) | Vendor |
| Books – List types of books & justify |  |
|  | $  |  |
|  | $  |  |
|  | $  |  |
|  | $  |  |
|  | $  |  |
|  | $  |  |
| Supplies – List supplies needed for project |  |
|  | $  |  |
|  | $  |  |
|  | $  |  |
|  | $  |  |
|  | $  |  |
|  | $  |  |
| Dues, Memberships |  |
|  | $  |  |
|  | $  |  |
| Equipment – List equipment needs (i.e. laptop, video camera, Smart Board, LCD Projectors )  |
|  | $  |  |
|  | $  |  |
|  | $  |  |
|  | $  |  |
| Amount Requested – (*Must match “Amount Requested” on Intake and Cover Sheets)* |  |
|  | $  |  |
| In-Kind Contributions (Source: i.e. PTA, Private Donations, Items, etc.) |  |
|  | $  |  |
|  | $  |  |
|  | $  |  |
| Total Grant Amount | $  |  |