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|  | Student and Teacher Services Department105 West Center • P. O. Box 150 • Sugar City, ID 83448 • Phone (208) 356-8802 • Fax (208) 356-7237**Professional Development Team Grant Application****Hard Copy Application Due by October 31, 2019****Submission application to Bryon Kennedy** |
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**Background information:**

Sugar-Salem Joint School District #322 goal is to offer an array of professional development opportunities as possible. At times, the calendared professional development days are broad in scope, and may not meet the needs of specific departments or individuals.

**Goal:**

This grant opportunity is an effort to “fill in” any holes that the current opportunities do not meet.

**Grant Requirements:**

1. Each area below needs to be addressed with enough detail that an outside entity can understand the scope of the proposed project.
2. Team’s desire to use funds are in direct correlation to school and/or district mission statement.
3. Professional activity chosen needs to correlate to one of the following focus areas: a. state standards, b. assessment, c. technology, d. cross curriculum/department, and e. community/school collaboration projects (service/project based)
4. Team members need to provide an explanation of their goal(s) for using the use funds and their desire outcomes.
5. An explanation of how this activity/project will improve professional and/or student outcomes and how those outcomes will be measured.
6. All costs (i.e. substitutes, conference registration fees, travel, meals, supplies, etc.) have to be covered on your itemized budget report. The maximum amount of funds for a given project is $12,000.
	1. The team can request additional funds up to $5,000 within their proposal. The team would need to provide a rationale for why these additional funds are needed and should be awarded.
	2. If there is any salaries as part of your project (i.e. substitutes), don’t forget to include the taxes/benefits that also correlate with those wages. If you need help, assistance is available.
7. Grant funds needs to be committed within the date range of December 1, 2019-June 30, 2020.
	1. Conferences can occur during July or August if it has been prepaid before June 30.
8. Reward notification should be released by mid-November 2019.
9. Teams awarded will present their information to the board after the project is completed.

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| **Team Members/Building/department:** |
| Ima Example/SSHS/English  | Ima Example  |
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1. **Name of Project:**

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1. **Project Overview: (Describe in detail what your project encompasses.)**

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1. **Focus Area:**

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1. **Vision/Mission alignment:** (Copy of the full vision/mission statement needs to be attached)

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1. **Project Outcomes:** (student and/or professional)

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1. **Project Budget:**
	1. **Complete the excel spreadsheet “Team PD Budget Worksheet”**
	2. **Attach the worksheet along with this application. Please note, it will need to be filled out electronically and then saved. You will not need to have signatures on this budget worksheet, as those signatures are already on this sheet below.**
2. **Project Timeline:** (Add additional lines as needed)

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| **Date:** | **Activity:**  |
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1. **Team member roles for implementation:**

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| **Responsibility:** | **Team Member:** | **Signature-denotes agreement** |
| Project Lead:(person responsible to oversee project) |  |  |
| Budget Coordinator:(Responsible to track project funds) |  |  |
| Travel Coordinator:(Tracks all travel plans, arrangements, receipts, etc.) |  |  |
| Project Evaluator:(Oversees project evaluation to determine state outcomes were met.) |  |  |

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| Building Administrator(s):(Signature of each building administrator who has staff participating in the project—awareness only.) | Typed Name: | Signature(s): |