

FAS EDUCATION FUND

INDEPENDENTLY SUPPORTING APPOQUINIMINK SCHOOL DISTRICTS COMMITMENT TO WORLD CLASS EDUCATION
Teacher Venture Grants

The Foundation for Appoquinimink Schools (FAS) was founded to independently support the Appoquinimink Schools District to expand, enhance and support the district vision of World Class Education. The Foundation will provide support to teachers within the district to fund creative and educational initiatives in accordance with the terms of this Program.

ELIGIBLE PROPOSALS

Innovate or imaginative programs, projects, services and/or activities that emphasize new approaches to teaching, stimulate thought, enrich and expand existing curriculum. If you apply for materials or equipment, you must specify how they will be used.

ELIGIBLE APPLICANT:

Teachers, Administrators and other school personnel of Appoquinimink School District

SELECTION CRITERIA:

Applications will be reviewed on a competitive basis. The committee will review each application using the following criteria:

- a. What are the need, purchase and goal of the project?
- b. Does the proposal indicate creative and innovation thinking?
- c. Is the need and purpose of the project clearly explained?
- d. How many students will have the opportunity to benefit from the project?
- e. Are the goals clearly states? Are they realistic and achievable?
- f. Is the action/implementation plan clearly described? Material, resources and time schedule must be adequately specified?
- g. Are the plans for evaluated the process of the project clearly defined?
- h. Is the budget request reasonable and sufficiently detailed
- i. What are the plans to promote the project and share resources, successes and ideas throughout the district?

Foundation Use Only Project No. _____

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PLEASE NOTE SUBMISSION REQUIREMENTS:

1. The cover sheet must list the name of the project, project team chairperson and team members as well as contact information.
2. To maintain anonymity during the selection process, please do not include the name of the teacher, the name of the school or the name of the principal in the application.
3. Teachers must submit project to principal for approval to ensure project is not the responsibility of the Appoquinimink Schools District to support. Principal will be responsible for submission of the application via the FAS website.
4. If a project is approved, a check will be sent to the principal in the amount of the grant. Monitoring and handling of the funds become the responsibility of the Appoquinimink School District finance office under the same requirements of school spending.
5. Principal and Teacher of the approved project will be responsible to submit a written report with a financial accounting statement to the Foundation for Appoquinimink Schools and the Appoquinimink School District 30 days from completion of project.
6. Foundation for Appoquinimink Schools reserves the right to announce the winner, projects and the results on the FAS website.

OWNERSHIP:

All supplies, equipment and materials purchased with grant monies become the property of the Appoquinimink School District when the grant is approved and/or when the recipient terminates employment with the Appoquinimink School District.

SUBMIT PROPOSALS TO:

FAS Teacher Venture Grants
FAS
PO Box 301
Odessa, De 19730

AWARDING OF GRANTS:

Grants will be reviewed and awarded at the FAS monthly meeting by invitation only. Recipients will be notified prior to the meeting date. Recipients of the award not are eligible to apply again for a 2 year period of time for the same project/initiative. The Grant Committee requires the recipient to provide a report/write up within a year period detailing the usage and results of the initiative clearly showing the positive impact on the Student, Community and/or the District.

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Cover Sheet

Please read carefully and submit with the application:

To ensure anonymity during the review process, your name, name of school and principal should not appear can only appear on this cover sheet.

Date: _____

Principal's Name: _____

School Name: _____

Number of Students you intend to reach: _____

Contact Information: _____

Project Title: _____

Project Cost: _____

Chairperson Name: _____

Others Involved in Project: _____

Principal's Approval: _____

Chairperson's Signature: _____

Team Member: _____

Team Member: _____

Team Member: _____

Team Member: _____

FOUNDATION USE ONLY:

FAS Secretary Review, Application meets requirements: _____

Foundation Use Only Project No. _____

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Teacher Venture Grant Application:

Please do not identify your school, your name or names of team members anywhere in this application

Program/Project Title: _____

Amount of Funds Requested: _____

1. Provide a brief summary of the proposed project.
2. What need, purpose or problem does this project address? Be specific
3. How many students will have the opportunity to benefit from this project and who are those students?
4. What are the goals? Be specific
5. What is the plan of action for establishing and operating the project?(include your time schedule and resources required.) Be specific
6. What results are expected at the conclusion of the project
7. Explain how resources, knowledge and experiences can be shared throughout the district; include teachers, administration and students.
8. How will the success of the project be measured? Be specific
9. Does this project support content standards for your grade level?
10. Detail the project budget. Include information such as materials, equipment and/or administrative expenses. Be specific.
11. Will the schools or school district be obligated to match funds or maintain this project once the funds are approved and spent?

Item: _____

Supplies/Suppliers: _____

Budget Amount: _____

Total: _____

Will the schools or school district be obligated to match funds or maintain this project?

FOUNDATION USE ONLY: Application Reviewed _____

Application Reviewed _____

Foundation Use Only Project No. _____