|  |  |  |  |
| --- | --- | --- | --- |
| **Cover Page** | | | |
|  | | | |
| School Name: |  | | |
| Learning Community: |  | | |
| Principal: |  | Phone #: |  |
| Email Address: |  |
| School Governance Council Chair: |  | Phone #: |  |
| Email Address: |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project Name: | | |  | | | | | | | |
| Type of Project (select all that apply): | | | | | | | | | | |
| [ ] New School Project  [ ] New Seed Fund Project | | | | | | [ ] Expansion of Existing School Project  [ ] Expansion of Existing Seed Fund Project | | | | |
| Please indicate how this project aligns to the strategic initiative(s) and long-term outcomes in your strategic plan. | | | | | | | | | | |
|  | | | | | | | | | | |
| Funding Amount Requested: | |  | | | | | | | | |
| If your school is a recipient of previous Seed Fund awards, please give a progress update on the project for which the award was granted. | | | | | | | | | | |
|  | | | | | | | | | | |
| **Project Summary**  In 250 words or less describe your project. You must **state the problem** that will be addressed by this project and state **how** this project will address this problem. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **NARRATIVE** | | | | | | | | | | |
|  | | | | | | | | | | |
| **SECTION A: NEEDS STATEMENT** | | | | | | | | | | |
| **1. What school needs/challenges will be addressed by this project? Provide specific student data, along with any other school related data (e.g. TKES, perception surveys, etc.) to substantiate the school needs/challenges.** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **SECTION B: PROJECT INFORMATION** | | | | | | | | | | |
| **2. Identify your target population.** *(Please indicate the number of individuals to be served, grade levels, special populations, etc.)* | | | | | | | | | | |
|  | | | | | | | | | | |
| **3. Use the table below to state the project activities, strategic plan alignment, the anticipated project outcomes (specifically a change or improvement in skill, knowledge, behaviors, etc. for students and/or adults), and the anticipated long-term impact for your students.** | | | | | | | | | | |
| **Implementation:**  **(Project Activities)** | | **Strategic Plan Alignment:** | | | | **Program Effectiveness: (Project Outcomes)** | | **Program Impact: (Long-term Outcomes)** | | **Budget:** |
|  | |  | | | |  | |  | |  |
|  | |  | | | |  | |  | |  |
| **4. How will you measure your project results? By when do you expect to achieve the project outcomes? For each of the project outcomes and long-term outcomes listed above, indicate how you will measure your results.** *Note: If awarded a grant, you will be expected to provide status updates at mid-year and end-of-year reporting points.* | | | | | | | | | | |
|  | | | | | | | | | | |
| **5. Include any research or evidence that the concept will positively affect your school’s student population. If no research exists, please articulate the rationale for the likelihood of success of the concept, and describe your plans for risk mitigation.** | | | | | | | | | | |
|  | | | | | | | | | | |
| **SECTION C: BUDGET** | | | | | | | | | | |
| **6. Provide a copy of your budget worksheet (attach). Make sure that your proposed budget supports the activities outlined in question 3.** | | | | | | | | | | |
|  | | | | | | | | | | |
| **9. What is the sustainability plan for this project beyond the one-year grant? Use the table below to indicate the proposed status of the project beyond the Seed Fund (activities, owners, funding, etc.).** | | | | | | | | | | |
| **Growth/Maintenance/Sunset Plan**  **(example provided below)** | | | | | **Items/Activities** | | | | **Funding: Source and Cost** | |
| Maintenance: Annual one-day STEM workshop for Math/Science teachers | | | | | Annual workshop. Day-long session | | | | School Foundation - $5,000  General Fund - $15,000 | |
|  | | | | |  | | | |  | |

|  |  |  |
| --- | --- | --- |
| **The Seed Fund application will not be considered unless all required signatures are provided.**  **I certify to the best of my knowledge that all information included in this proposal is correct AND I am aware of the timeline and implications for the implementation of this proposal if my school is awarded funding.** |  |  |
| Signature, Principal  **I certify to the best of my knowledge that all information included in this proposal is correct.** |  | Date |
| Signature, School Governance Council Chair |  | Date |
| Email to [SeedFund@fultonschools.org](mailto:SeedFund@fultonschools.org) by 5:00 pm on December 10, 2015. Be sure to CC your Chair, Area Superintendent, and Facilitator.  Once received, all ***Final Applications*** will be reviewed by the Area Superintendent. Those submissions that are approved by the Area Superintendent will be forwarded to the Fulton Education Foundation for participation in the grant process. | | |