



School Improvement Grant

2020-2021 Educator Mini-Grant Application



All applications **MUST** be received in our office via email by 5:00 p.m. on **October 23, 2020** to be considered for the Mini-Grant.

Email completed application to: helen.yu@lausd.net.

PLEASE ADHERE TO THE FOLLOWING RULES:

1. Please complete the application.
2. Do not write your name or team members' names within the application except on this page. Redact names or identifiers from any supporting material.
3. Please provide full names and employee numbers of each teacher on this page only.

Project Title: _____

School Name: _____ School Phone: _____

Lead Teacher's First & Last Name: _____

Lead Teacher's Phone Number: _____

Lead Teacher's LAUSD email address: _____

List names of team members below:

First Name	Last Name	Employee Number	Position/Title

We hereby certify that 1) this project has the potential to benefit the school and its constituents and is supplementing, not supplanting, the school's program(s); 2) all team members will participate equally; and 3) the team will not be paid from other sources for the same work done, i.e. double-dipping.

Lead Teacher: _____ Name	SIG Coordinator: _____ Name	Principal: _____ Name
_____ Signature Date	_____ Signature Date	_____ Signature Date



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For the sake of objectivity and eligibility, do NOT include school/teacher names within application except for page 1.

Project Title: _____

Grade Level and Subject Area: _____

Which of the following components is supported by the project? Check all that apply.

- Increased time for teaching and collaboration
- Effective leaders and teachers
- Family and community engagement
- Data driven standards aligned responsive instruction
- Supportive and safe school environment
- Meaningful and engaging Distance Learning lessons or activities

Project Summary

Briefly describe your project and expected results. Please include potential number of students affected.



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Goals and Objectives

List learning and/or school-wide objectives to be enhanced by this project.



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Proposed Activities/Timeline of Activities

List the activities and the corresponding number of hours that your team plans to carry out on the project.

(A minimum of 20 hours is required.)

<u>Date</u>	<u>Description of Activity</u>	<u>Evidence</u>	<u>Number of Hours</u>
Total Hours: (20 hours minimum per person)			
Total Number of Team Members:			
Grant Award Amount (per person):			
Total Amount to be Awarded:			



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Evaluation

Describe how you will measure the effects of your project and include the component(s) (from page 2) to track project completion, student performance, attitudes and perceptions, etc.

Explain how the activities relate to your objectives.



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Follow-up Timeline

On what two dates in the project should the SIG office check in with the project team? What should the office be looking for at the time of the check-ins?

Check Point 1 Date: _____

What should we be looking for? Supporting evidence, agendas, sign-in logs, mostly completed assessments/activities.

Check Point 2 Date: _____

What should we be looking for? Supporting evidence, closing activities, assessments, etc...



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Long-Term Plan

How will the findings of this project be shared with a larger group? Please provide the date when you will present your findings to an audience (this is required). Please tell us or describe the plans for sustaining the effects of this project.