



INNOVATION FUND

FISCAL YEAR 2019 IMPLEMENTATION GRANT APPLICATION

Please note that ALL Innovation Fund grant applications must be submitted through the Innovation Fund's online application site, WizeHive, by October 4, 2018. GOSA will not accept applications submitted in any other format (mail, email, etc.) or after the submission deadline. The following document provides the application questions for your reference only.

ELIGIBILITY VERIFICATION FORM

- 1. General Information (all short answer)
 - a. District Name*
 - b. School Name (if applicable)
 - c. Contact Name*
 - d. Contact Email*
 - e. Contact Phone Number*
- 2. Technical Assistance Webinar Series
 - a. Please certify that you completed the mandatory Technical Assistance Webinar series by checking the box below
 - ☐ I certify that I, or someone from my school/district, completed the mandatory Technical Assistance Webinar.

GENERAL INFORMATION

1. Applicant Information

- a. Address
- b. Federal Employer ID Number
- c. Contact Name
- d. Contact Role
- e. Contact Phone
- f. Contact Email/confirm email
- g. Alternate Contact Name
- h. Alternate Contact Role
- i. Alternate Contact Email/confirm email
- j. Alternate Contact Phone

2. Project Information

- a. Project Name
- b. Brief description of the program you would like to implement (3 4 sentences) (200 words)
- c. Priority Area Addressed
 - 1. Applied Learning & STEAM
 - 2. Birth to Age Eight Language & Literacy
 - 3. Blended & Personalized Learning

- 4. Teacher & Leader Development
- d. Number of students/teachers/leaders your program will serve
- e. Grant Amount Requested (minimum \$200,000, maximum \$700,000)

SECTION I. WHAT'S YOUR INNOVATION? (25 PERCENT)

- 1. Describe your innovative program. In your answer, please include the following: (300 words)
 - a. A brief description of your program;
 - b. Your program's main SMART goal(s);
 - c. The specific target population (including the demographics, grade level, characteristics, number of students/teachers/leaders) your program will serve and why you chose this group as your target population.
- 2. Describe any partner organization(s)* that will be involved in your program and their role(s) in the implementation process. (500 words)
- 3. Describe how your proposed program aligns with the priority area you identified. (300 words)

*Please note any partner organizations listed will need to upload <u>Statements of Commitment</u> as part of this section.

SECTION II. IS IT *REALLY* INNOVATIVE? (25 PERCENT)

- 1. Please describe the **problem** and **root cause** your program will address. In your answer provide the **specific qualitative and quantitative data** that you gathered to determine this problem and root cause. (500 words)
- 2. Using the information you learned from the FY19 Implementation Grant Webinar & Guidelines, please explain how your program is a <u>Level 3 or Level 4 innovation</u>. (500 words)
- 3. What existing school, district, or community structures will you need to disrupt for your innovation to succeed? How will your program disrupt them? (500 words)

SECTION III. WHAT'S YOUR PLAN? (15 PERCENT)

1. Describe the individuals* that will lead/facilitate the implementation process and why they are qualified to do so. (500 words)

*Please note that you must submit <u>Statements of Commitment</u> – indicating each person's responsibilities and commitment to the project – from key personnel as part of this section. You must also submit a <u>Statement of Commitment</u> from your organization's leadership (superintendent, principal, board chair, etc.)

2. Required: Please download and complete the <u>Innovation Fund Grant Scope of Work Chart</u> indicating each of your program's milestones, the actions steps you will take to complete each milestone, the timeframe for each milestone, and the person responsible for completing each milestone. Once you complete the spreadsheet, upload it in the space provided. *Please note that you must download the spreadsheet to see all headings*.

SECTION IV. WHAT WILL YOU DO WITH THE GRANT FUNDING? (15 PERCENT)

- 1. Required: Please complete and upload the <u>Innovation Fund Grant Budget Template</u> indicating how you will use your funds to implement this program.
- 2. Please complete a budget narrative, providing a description and rationale for each of the expenses listed in the Innovation Fund Budget Template. (500 words)
- 3. Describe how you will sustain your program once the grant funding ends. (250 words)

SECTION V. HOW WILL YOU EVALUATE IT? (20 PERCENT)

1. List 3-6 program goals. Your goals should be specific, measurable, attainable/ambitious, relevant, and time-based (SMART). Please note that you must include at least three academic goals. Optional: You may complete and upload the <u>Innovation Fund Grant Goals and Outcomes Chart</u> as part of your answer.* *Please note that you must download the spreadsheet to see all headings*.

*Please note you are NOT required to upload the Grant Goals and Outcomes Chart as part of your application. However, we strongly recommend you complete it to strengthen the quality of your grant application.

- 2. Please describe how you will evaluate your program (700 words). Specifically:
 - a. What data will you collect throughout the implementation process?
 - b. What data collection methods will you use (ex: surveys, test scores, focus groups, interviews, etc.)?
 - c. When will you collect these data?
 - d. How will you use the data you collect to inform program modifications?
 - e. Describe the comparison group you will use to determine the program's actual impact on students/teachers/leaders.
- 3. Describe who will take responsibility for evaluating your program and why this person was chosen as your evaluator.* (300 words)

*Please note, if you are awarded funds, you MUST use a portion of your grant funding to contract with an external evaluator. Therefore, your application must reflect that you have explored possible external evaluators. If awarded funding, you will need to provide GOSA with an executed contract and evaluation plan from your external evaluator.