

School Year: 2020-2021

APPLICATION TIMELINE: DECEMBER 1, 2019 - MARCH 31, 2020 @ MIDNIGHT PST

IFT Grant Application

To access the IFT Grant application, visit our website at www.teacherdrivenchange.org (**Grant Tab, Online Application**). It is strongly recommended that you compose the answers to the questions as a Word Document, cut and paste your responses onto the appropriate questions.

Please provide the contact information for the *Grant Coordinator* in the fields below. *The Grant Coordinator is the lead contact person for the grant.*

Grant Coordinator First Name:

Grant Coordinator Last Name:

Grant Coordinator E-mail:

Grant Coordinator Cell Number:

Grant Coordinator CTA Membership #:

How did you hear about the IFT Grant Program?

Association Information: If you need assistance with completing this section, please contact your school's Site Rep and your Local Association President.

Local Association Name:

Local Association Mailing Address:

Local Association President Name:

Local Association President Email:

Local CTA Staff Member Name:

Local CTA Staff Member Email:

School Information Section:

School District Name:

School Name:

School Address:

School Phone Number:

School Website:

Grade Level(s):

Total Number of Students:

Project Information:

Project Title:

Requested Cash Amount:

Type of Grant: Educator Grant up to \$5K | Impact Grant up to \$20K

Educator Grants are for individual CTA members. These grants generally affect a single class or program at one school. Impact Grants require two or more team CTA members. These grants generally affect more than one class/grade level/program or school.

Team Members Section: If you are working with team members, please provide the following information for each of your team members. If you are identified as the Grant Coordinator, you **do not** need to include yourself again in this section.

- | | |
|---|---|
| 1. Team Member Name:
Team Member Email:
Team Member Cell Number:
Team Member CTA Membership #: | 2. Team Member Name:
Team Member Email:
Team Member Cell Number:
Team Member CTA Membership #: |
| 3. Team Member Name:
Team Member Email:
Team Member Cell Number:
Team Member CTA Membership #: | 4. Team Member Name:
Team Member Email:
Team Member Cell Number:
Team Member CTA Membership #: |

Write a paragraph summary of your grant proposal.

Using the Seven Strength-Based Matrix Factors as a *rubric*, please answer the following questions.:

- **Matrix Factor 1-** "Student Centered" Describe how your grant proposal will enrich student creativity, invention, and resourcefulness.
- **Matrix Factor 2-** "Work Oriented" Describe how your grant proposal will promote student responsibility and self-reliance.
- **Matrix Factor 3-** "Student Relations" Describe how your grant proposal will expand positive student interdependence.
- **Matrix Factor 4-** "Results Oriented" Describe how your grant proposal emphasizes strengths over deficits.
- **Matrix Factor 5-** "School-Wide Relations" Describe how your grant proposal will increase commitment from school-community stakeholders for the teaching and learning process.
- **Matrix Factor 6-** "School-Family Relationships" Describe how your grant proposal will integrate parental personal strengths and positive experiences into the teaching and learning environment.
- **Matrix Factor 7-** "Future Oriented" Describe how your grant proposal will boost student expectations, hope, and optimism about the future.
- **Create a table or chart that includes the items/materials needed and approximate costs for each.**
- **Include a timeline or flow chart that indicates approximately when major activities will occur.**
- **If applicable, list any additional funds requested or received and any "in-kind" contributions.**
- **If this application is an expansion of a previous IFT grant, please complete the following section.**
Explain how this current grant proposal expands, or further develops, your previously funded project.
- **Do you have any unspent grant funds? If so, how much?**
- **Signature Page of Local Association President**

"As the local Association President, my signature below indicates that I have read the proposal and reviewed the application. Should this project be awarded grant funds, our Association agrees to serve as the fiscal agent to distribute grant funds and help the applicant prepare a final summary of financial expenditures. My signature also certifies that the applicant is a member of California Teachers Association holding active maintenance dues status."