

## **William Payne Grant**

## **Application Form**

Grant requests over \$15,0000

2019-2020

Section 1: Basic Information			
Title of Proposal			
Applicant Name			
School Doyon Middle District  Check all that apply Winthrop High	Position or Title		
Home Address	Business Address		
Street:	Street:		
City:	City:		
State:	State:		
Telephone	Telephone		
Email	Email (if different)		
☐ Check if this is your preferred contact	☐ Check if this is your preferred contact		
School population targeted by the proposal	Grade level(s) targeted by the proposal		
Number of students that will benefit from the grant if funded	Academic level(s) targeted by the proposal (if applicable)		
Main subject area, discipline or topic of the proposal			

Section 2: Executive Summary
In one half page or less, please provide an overview of the entire proposal. Describe the opportunity, the potential impact to the school district, and what would constitute a success. Specific sections are provided later in the application for detailed information.
Section 3: Objectives
In one half page or less, please describe the objectives of the proposal

In one half page or less, please describe the impact to students, classroom, school, community, etc. Please describe the tangible short and long term benefits, as well as speculate on any further potential vision that may not be directly predicted at this time
Section 5: Alignment with School/District Vision, Goals and Priorities
In one half page or less, please describe how this proposal, if funded, fits with current and future school and/or district goals and priorities
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Section 4: Impact Statement

ection 6.	Alignment with	h Education Cur	riculum Frame	works and Stan	dards	
one half pag andards (if a		lescribe how the pro	posal is aligned with	h Massachusetts cu	rriculum frameworks a	and
ction 7:	Background Ir	nformation and S	Supporting data	<u> </u>		
		information, data, re icate that this propos			he concepts of this problemented?	ropo

Section 8: Action Plan				
Please clearly describe how the funds will be used. Indicate the specific steps to implementation, the timelines, evaluation criteria (including interim assessments), milestones, and how the project progress will be monitored and reported back to the funding agency. Please indicate which member of the team is responsible for each action.				

Section 9: Disseminat	ion and Next Steps			
In one half page or less, please describe how this project, if completed, might provide value to other educators or other school districts. Please provide a statement on how to build upon the success of this project once completed.				
Section 10: Project Team Members and Roles				
If necessary, attach a separate sheet if team members exceed eleven				
Name	Affiliation	Role on project		

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Section 11: Budget			
Total Requested Amount (whole dollars)			
Please provide a detailed budget in an attached file or sheet (Excel, Word or PDF format) that clearly indicates the breakdown of requested funds and how they pertain to the grant proposal. For example, indicate how funds will be used to purchase equipment, for consultant fees, services, etc.			
Additional funding pursued or awarded in support of this	project		
Funding agency	☐ Please check if award is pending		
Total award (\$)			
Date awarded			
Funding agency	☐ Please check if award is pending		
Total award (\$)			
Date awarded			
Funding agency	☐ Please check if award is pending		
Total award (\$)			
Date awarded			
Budgetary dependencies			
Please indicate if the project can be completed in full if this proposal is fundadditional funds. If additional funds will be needed, please indicate your confunds are not secured.			