



# First Literacy Lab Grant Proposal

Fiscal Year 2018

## Cover Page

Program:

Title of Project:

Project Type (Check only one):  Innovation Grant  Program Strengthening Grant

Amount of Request:  Number of Learners Benefitting in FY 2018:

### Program Contacts

#### Project Leader (Teacher in charge of the project)

Name:

Email Address:  Phone number:

#### Program Director

Name:

Email Address:  Phone number:

Program Address:

(To be used in mail correspondence)

Tax ID#:

Please provide a brief (**3-4 sentences**) synopsis of your project.  
*Limit your response to no more than 800 characters with spaces included in the character count.*

# First *Literacy Lab* Grant Proposal

Fiscal Year 2018

## Proposal Narrative

### Brief Description of Your ABE Program

**PLEASE NOTE. If drafting answers in a word processing document, only use Times New Roman 11 point font and copy and paste into text boxes. This application will be printed for our review. Test your document before submitting to ensure answers fit in the text box.**

What kind of and how many classes does your program offer per year?

*Limit your response to 800 characters with spaces.*

What other services does your program offer (advising/counseling, tutoring, childcare ...)?

*Limit your response to 800 characters with spaces.*

How many adult learners do your combined ABE/ESOL programs serve?

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## **Proposal Narrative**

Please describe the ethnic background, gender, age, and income levels of the learners in your program (not just your proposed project).

*Limit your response to 800 characters with spaces.*

### **Description of Your Proposed Project**

What is/are the overall need(s) this project will try to meet? If more than one, please number.

*Limit your response to 1500 characters with spaces.*

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## **Proposal Narrative**

What research have you done to determine if there are existing resources that already meet the need(s)?

*Limit your response to 800 characters with spaces.*

Describe the main goal of your project. What are you trying to do? If more than one, please number.

*Limit your response to 800 characters with spaces.*

How will you know if you have succeeded in reaching your goal?

*Limit your response to 800 characters with spaces.*

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## Proposal Narrative

### Activities/Outcomes Timeline

How will you implement the project and what outcome(s) do you expect from these activities? Please complete the following timeline. We recognize that this reflects preliminary planning. *Limit your response in each box to **three lines of text**.*

Dates	Projected Activities	Expected Outcomes

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## Proposal Narrative

How many students do you think will be directly impacted by your proposed project?

### Additional Information

Describe how you will collect pre/post project data to assess the effectiveness of your project. For example, pre/post surveys, quantitative data, completion of products, pre/post assessment of student skills (tests, observation data, etc.) ... Standardized tests are not required but can be used if they are congruent with the goals of your project.

*Limit your response to 800 characters with spaces.*

How do you think students will benefit from this project in 2018? Beyond 2018?

*Limit your response to 800 characters with spaces.*

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## **Proposal Narrative**

We are most supportive of projects that have a lasting impact on a program. How would this project strengthen your program and be sustained over time?

*Limit your response to 800 characters with spaces.*

Please share any other information which might help us better understand your proposed project.

*Limit your response to 800 characters with spaces.*

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## Proposal Narrative

Please list the key people who would be involved in this project.

*Limit your response in each box to **three lines of text.***

Name:  # of years in the program:

Current Position(s)	Education ( <i>including degrees and certifications</i> )

Email address:

Phone number:

Name:  # of years in the program:

Current Position(s)	Education ( <i>including degrees and certifications</i> )

Email address:

Phone number:

Name:  # of years in the program:

Current Position(s)	Education ( <i>including degrees and certifications</i> )

Email address:

Phone number:

Name:  # of years in the program:

Current Position(s)	Education ( <i>including degrees and certifications</i> )

Email address:

Phone number:





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### Proposed Project Budget

Grant funds may be used for the following:

- **Staff Time:** Staff time beyond existing paid hours to develop new resources and practices, to report on project results, and to share project findings
- **Consultant Fees:** Consultant fees crucial to the project
- **Student Stipends:** Modest stipends for students' participation
- **Educational Materials and Supplies:** The purchase and trial/implementation of educational materials and supplies integral to the project
- **Training:** The training of teachers and other staff integral to the project (A description of training and benefits required in proposal and reporting)
- **Conference Costs:** If a conference presentation proposal based on a First Literacy Lab project is accepted, up to \$100 may be used for local (New England) conference costs and up to \$250 may be used for out-of-state conference costs.

*Limit your response in each box to three lines of text.*

Expense	Description/Purpose	Cost
<b>Staff Time</b> (Include names, hours, and rates)		
<b>Consultant Fees</b> (Include names, hours, and rates)		
<b>Student Stipends</b> (Include # of students, hours, and rates)		
<b>Educational Materials and Supplies</b> (Specify)		
<b>Training of Teachers and/or Staff</b> (Specify)		
<b>Conference Costs</b> (Specify)		

**Total:**

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