Affordable Materials Grants, Round 25:

Continuous Improvement Grants

(Spring 2024-Spring 2025)

Proposal Form and Narrative

# Notes

* The proposal form and narrative .docx file is for offline drafting and for our review processes. Submitters must use the online Google Form for proposal submission, including uploading this document.
* The only way to submit the official proposal is through the Google Form. The link to the online application is on the [Apply for a Grant Page](https://www.affordablelearninggeorgia.org/grants/apply-for-a-grant).
* The italic text provided below is meant for clarifications and can be deleted.

The Round 25 Kickoff will include an asynchronous training module, required for all team members to complete, followed by the synchronous Online Kickoff Meeting on **Friday, May 3, 2024 from 1pm-3pm**. At least two team members from each awarded team (unless the award is for one individual) are required to attend the synchronous Kickoff Meeting.

Participants will also need to attend a synchronous Online Midpoint Check-In on **Friday, January 10, 2025.**

# Applicant and Team Information

*The* ***applicant*** *is the proposed Project Lead for the grant project. The* ***submitter*** *is the person submitting the application (which may be a Grants Officer or Administrator). The submitter will often be the applicant—if so, just leave the submitter blank.*

|  |  |
| --- | --- |
| Requested information | Answer |
| Institution |  |
| Applicant name |  |
| Applicant email  |  |
| Applicant position/title |  |
| Submitter name  |  |
| Submitter email  |  |
| Submitter position/title |  |

Please provide the first/last names and email addresses of all team members within the proposed project. Include the applicant (Project Lead) in this list. Do not include prefixes or suffixes such as Ms., Dr., Ph.D., etc.

|  |  |  |
| --- | --- | --- |
| Team member | Name | Email address |
| Team member 1 |  |  |
| Team member 2 |  |  |
| Team member 3 |  |  |
| Team member 4 |  |  |
| Team member 5 |  |  |

If you have any more team members to add, please enter their names and email addresses in the text box below.

|  |
| --- |
|  |

# Project Information

| Requested information | Answer |
| --- | --- |
| Type of Project | * *Revision of open educational resources (OER) used in existing courses*
* *Creation of ancillaries for existing OER courses*
* *Replacement of current OER in courses with new/better OER*
* *Other*
 |
| Requested Amount of Funding*$10,000 maximum total award per grant* |  |
| Course Titles and Course Numbers |  |
| Final Semester of Project | * Fall 2024
* Spring 2025
 |
| Currently Existing Resource(s) to be Revised/Ancillaries Created*Please provide a title and web address (URL) to each of the currently existing resources that you are revising, creating new ancillary materials for, or replacing. If replacing, please include a title and web address (URL) to the new OER as well.* |  |

# Project Goals

*In at least one paragraph, describe your project’s goals and what materials will be created or revised.*

# Action Plan

*Describe the tasks needed to complete the project in as much detail as possible. If this application has more than one team member, include the major roles for each person and which tasks this role is assigned. Estimate the amount of time (e.g. number of hours) each task will take. Include plans for open licensing and plans for making your materials accessible. Indicate if you are using other platforms in addition to the repository to host your created materials.*

# Timeline

*Provide a project timeline aligned with the action plan above. Include major milestones and deadlines, keeping in mind your selected Final Semester.*

# Budget

*Please enter your project’s budget below. Include personnel and projected expenses, keeping in mind that this grant funds the estimated time in your Action Plan. The maximum amounts for the award are as follows:*

* *$2,000 maximum per team member for salary, course release, travel, etc.*
* *Additional project expenses allowed but must be adequately justified in other sections of the proposal.*
* *$10,000 maximum total award per grant*

# Creative Commons Terms

*I understand that any new materials or revisions created with Affordable Learning Georgia funding will, by default, be made available to the public under a Creative Commons Attribution License (CC-BY), with exceptions for modifications of pre-existing resources with a more restrictive license.*

# Accessibility Terms

*I understand that any new materials or revisions created with Affordable Learning Georgia funding must be developed in compliance with the specific accessibility standards defined in the Request for Proposals.*

# Letter of Support

*The Department Chair from the corresponding project, or the Department Chair’s direct report such as the Dean or Provost, must provide a signed Letter of Support for the project. This letter should acknowledge the following:*

* *The department will provide support for fund disbursement in correspondence with the Grants/Business Office.*
* *The department approves of the work on the proposal by the applicant(s).*
* *The department acknowledges the sustainability of these affordable resources after the grant work is complete.*

*In the case of multi-institutional affiliations, all participants’ institutions must provide a letter of support.*

*Please provide the name and title of the department chair (or other administrator) who provided you with the Letter of Support.*

|  |
| --- |
|  |

# Grants or Business Office Acknowledgment Form

*Institutional Grants/Business Offices will be responsible for fund disbursement, often in correspondence with the Department Chair, including expense and travel reimbursement. All applicants will need to provide a signed Acknowledgement Form, the template for which is linked on the RFP page, stating that the Grants/Business Office knows about the applicant’s intent to apply for an Affordable Materials Grant. Either the Department Chair or the Project Lead can work with the Grants/Business Office to get this signed form.*

*In the case of multi-institutional affiliations, all participants’ institutions must provide this form.*

*Please provide the name and title of the grants or business office representative who provided you with the acknowledgement form.*

|  |
| --- |
|  |