

Grant Program Application

Applicant(s) Name(s): _____ Date: _____

Position in the District: _____

School/ Grade: _____

Phone/ Email: _____

Project Title: _____

Total Amount Requested: _____ Total Amount Required to Replicate/Sustain: _____

1. Proposal Synopsis: (This should be a brief one paragraph concise summary)

2. Proposal Description: (Tell us exactly how you will implement your grant.)

3. Grant Objectives:

Please state the objectives of this grant request. (Be sure to include how it will enrich/enhance the students' education.)

How will this grant impact or enhance the present curriculum?

How many students will benefit from this grant? Please include if this grant can be utilized throughout the district.

4. Grant Objectives: Effectiveness: Clearly state how you will measure and/or observe the effectiveness of the grant

5. Educational Impact: Will the grant request entail the replacement of the current curriculum? If yes, how?

6. Grant Timeline: When will this grant be implemented?

How long will this grant be used? (once, several years, indefinitely)

7. Grant Budget: (Please provide a specific breakdown and copies of supporting documentation which includes pricing, shipping, etc.)

Assistant Superintendent's Acknowledgement: (required for any change or replacement to current curriculum)

Assistant Superintendent's Name: _____

Signature: _____ **Date:** _____

Technology Director's Acknowledgement: (required for any proposal including computer related equipment, accessories, or programs.)

Technology Director's Name: _____

Signature: _____ **Date:** _____

For All Grade Level Applications: I acknowledge that this application applies to my entire grade level. We will, to the best of our ability, use it for its intended purpose. All approved "Grade Level Grants" must remain within the grade for which they were originally approved.

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Principal's or Supervisor's Acknowledgement: Your signature is verification that you have read this grant application, agree to incorporate it into your curriculum and will make every effort to allot budget funding if necessary to sustain this program in the future.

Principal/Supervisor's Name: _____

Signature: _____ **Date:** _____

PPS Director's Acknowledgements: All Special Education Department requests will require signature verification from the director of PPS in addition to the Principal's or Supervisor's Acknowledgement.

PPS Supervisor's Name: _____

Signature: _____ **Date:** _____

Grant Applicants Name: _____

Signature: _____ **Date:** _____

For Foundation Use Only	
Date Submitted _____	FMERS Approval Date _____
Approval Amount _____	BOE Approval Date _____
Disbursement Date _____	
Type of Grant: ___ Technology ___ Classroom ___ Artists ___ Growing ___ Health	