The East Grand Forks Education Foundation
GRANT APPLICATION

INSTRUCTIONS: Applications must be typewritten or may be reproduced in word processing to simulate this form. No handwritten applications please. If needed or where requested, you may attach up to one additional page. Limit the total number of pages to three.

Project Title: _____

Primary Applicant Name: _____

Position/Title: _____

Primary location: ☐ New Heights   ☐ South Point   ☐ CMS   ☐ Senior High

Are you a member of the EGF Foundation?   ☐ Yes   ☐ No

Have you applied for an EGFEF Grant before?   ☐ Yes. When?_____   ☐ No

Describe the item(s) you plan to purchase with these funds. (Please use specific details which will help the board understand the nature of the items)_____

_____

_____

_____

Amount of Request: _____

If the grant request amount is reduced, would it be accepted?   ☐ Yes   ☐ No
                                                                                      Explain your answer:

Is there a deadline beyond which funds would not be helpful?   ☐ Yes. When?_____ ☐ No

Students in which grade level/class will benefit from this request?   _____

Approximate number of students who will benefit from this request: _____

To which category of the Foundation's mission do you feel this request best applies?
    ☐ Fine Arts   ☐ Libraries
    ☐ New Curriculum   ☐ Supports Teaching and Learning
    ☐ STEM   ☐ Other (please specify)_____

Others co-requesting this project:. _____

Summarize your plan to implement the item(s) purchased within your current academic environment.
_____
_____
_____
_____

What problem or need does this request address?_____
_____
_____
_____

Describe or briefly outline the main activities and general timeline for the project.
_____
_____
_____
_____

Who will be responsible for the implementation of this project? _____
_____

Describe how this project will enhance or enrich educational experiences for the represented students beyond what can be attained using the current resources available? _____
_____
_____
_____

How will you evaluate the outcomes of this project?_____
_____

One of the aspirations of the Foundation is to get the most impact for the funds we award. Please describe any ways you may be able to share or expand the use of your project beyond its originally intended audience or timeline.
_____
_____
_____
_____

What avenues have you pursued before or in addition to applying to the foundation? (e.g. your principal, the director of teaching and learning, other outside sources) _____
_____

On an attached page, summarize your budget. Please identify the **Item, Quantity** and **Unit Price** for each element of your budget, as well as the **total project cost**.

Primary Applicant's signature_____   Date_____

Primary Applicant e-mail: _____

Principal's/director's signature_____   Date_____

Technology Specialist's signature (when required) _____

Media Specialist's signature (when required)_____

DEADLINES: <u>OCTOBER 15</u> annually