EAST NEWTON R-6 CHARITABLE FOUNDATION

Teacher Grant Application Form

Date_____

Course/Grade _____

Project Title or Item Requested_____

Total Amount Requested_____

Matching Dollars (if available)_____

Total Project Cost_____

Please attach a project description addressing the following questions:

1. Briefly explain the need for this request. Please include a description of your project including expected outcomes, how the project addresses areas of need in the school or district, a timeline and an itemized budget.
2. If this request is funded, how many students will be served and how will it impact the school/community?
3. Are other sources of funding available? If so, from whom?
4. Will the grant be matched by any other individual or organization? If so, please explain.
5. If the project is for equipment or technology, please answer the following:
    A. What is the life expectancy of the equipment?
    B. Is training, installation, maintenance or other assistance required?
    C. What additional help from other departments will you need in implementing this project?
6. If the project requires physical/property improvements, please address the following:
    A.   Is labor or other assistance necessary to complete this project?
    B. What are the expected maintenance requirements for this project?
    C. What additional help from other departments will you need in implementing this project?
7. Will other classes or campuses benefit from this project if funded?
8. Will this project benefit students beyond the current school year?

Please note that if your project is funded, you will be required to provide a report detailing the realized versus expected outcome(s), actual versus proposed timelines, and actual versus budgeted expenditures.

Teachers receiving grants will be required to present a summary of their project at the annual East Newton R-6 Charitable Foundation Recognition Banquet.

ITEMS PURCHASED REMAIN THE PROPERTY OF THE EAST NEWTON R-6 SCHOOL DISTRICT.

- Teachers, please forward this application to your campus principal for approval/signature.

PRINCIPAL SIGNATURE_____Approved:_____Yes_____No

- Principals, please forward approved application to the superintendent's office for approval/signature.

SUPERINTENDENT SIGNATURE_____Approved:_____Yes_____No