

**Grant Application**

**Faculty/Staff/Community Programs**

Date:

**APPLICANT INFORMATION**

Name(s) of Applicant(s):

School(s) to be Served:

Department(s)/Grade(s):

Contact Information:

 Address:

 Phone:

 Email:

**PROJECT INFORMATION**

Project/Program Title:

Amount Requested: (not to exceed $5,000)

Number of Students/Teachers/Community Members to be served:

Which Foundation priority does your project fall under? (Please choose one or more)

 \_\_\_ Healthy Initiatives

 \_\_\_ Basic Needs

 \_\_\_ District Unity

 \_\_\_ Instructional Support for Students

 \_\_\_ Instructional Support for Teachers

Project Goals & Objectives:

Project/Program Description: (750 Word Max)

How will you evaluate project success? (250 Word Max)

Is this a first-time project?

Has this project been implemented elsewhere in School District Five? If so, where and when?

Is this a one-time or recurring project?

Is this project in partnership with other individuals/organizations? Please explain.

Do you have other sources of funding? Please list names and amounts.

How will you acknowledge the District Five Foundation’s support? (i.e. marketing, PR, etc.)

Please include the following with this grant application:

 \_\_\_ Project Timeline

 \_\_\_ Project Budget

Signature of Applicant(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal or District supervisor (if School District Five employee):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_