

SCHOOL NAME:

APPLICANT(S) NAME:

POSITION/TITLE:

EMAIL:

PHONE:

WORK

CELL

PROJECT TITLE:

Total Project/Program/Tools Budget: \$ Total Grant

Request (max. \$2,000 per year) \$

Grade Level of Students Involved:

Anticipated # of Students Impacted by Project:

New Program Yes

No

Does your school have Title 1 designation: Yes

No

Have you received funding from EF in the past? Yes

If yes, when:

How much?

Describe your program in one paragraph in a clear and concise manner (100 words or less):

Describe the compelling need for your program and why it is important. Attach any necessary supporting documents.

Describe the compelling need and why it is important. Attach supporting documents. If you have applied for support from your PTO or another funding opportunity, indicate who and status: (Limit to 2 pages):

My principal

(name) has reviewed and approved this grant proposal. I have submitted the request to BLS Technology Dept. (if applicable).

IF FUNDS ARE AWARDED FOR MY CLASSROOM GRANT REQUEST, I AGREE

- That all items purchased with grant funds will become property of the Bend-La Pine School District.
- To submit a project evaluation report, including photos to the EF within 45 days of completion and prior to seeking future grant requests.
- To return any unexpended funds to the EF upon completion of the project or by May 1, 2021.
- Inform the EF in writing of changes in job assignment affecting this grant.
- Expend these funds only on items described in the proposed budget to accomplish the objectives described in this application.
- To be available for at least one event to share program and results at mutually agreeable time.

DEADLINE

Applications must be received no later than **Monday, March 16, 2020 by 5:00pm** to be considered and emailed to the Education Foundation at the following address:

classroomgrantapplications@gmail.com

Early submissions are welcomed.

CLASSROOM GRANT APPLICATION

(541) 355-5660 | CLASSROOMGRANTAPPLICATIONS@GMAIL.COM | WWW.ENGAGEDMINDS.ORG

CLASSROOM GRANT ITEMIZED BUDGET WORKSHEET

PLEASE CHECK AREA OF STUDY GRANT APPLIES TO:

Art & Music Humanities Language Arts Wellness Physical Education
 STEM/STEAM Special Needs Technology Other

BUDGET CATEGORY	AMOUNT REQUESTED	OTHER SOURCES AND AMOUNT OF SUPPORT	PROJECT TOTALS PER CATEGORY	RANK PRIORITY OF FUNDING
Books & Media				
Equipment				
Technology				
Student Activities				
Supplies				
Other				
Total Grant Request				

Please complete this budget and attach to your Classroom Grant Application. Submit your completed application to classroomgrantapplications@gmail.com no later than: **Monday, March 16, 2020 at 5:00 pm.**

