



**All Schools Grant Application
Cover Sheet
2014-2015**

Grant Title: _____

Applicant: _____ **Staff Position:** _____

School: _____ **Email:** _____

Phone: (check) work home _____ **cell:** _____

Amount requested (up to \$1,000 will be considered): \$ _____

Timeline: ___ fall ___ spring ___ entire school year ___ summer

Check One: ___ new grant proposal ___ addition to current project ___ replacing past grant

Please note: Deadline is October 15, 2014 and January 15, 5:00 pm. All applications must be signed by the principal/building administrator.

Complete and submit your signed application electronically to: mkelleylowe@ecasd.k12.wi.us

Awards are governed by the established policies and award decisions will be made by the ECPSF Board of Trustees at their fall and winter meetings. For more information please contact Mary Beth Kelley-Lowe, 715-833-8843, or mkelleylowe@ecasd.k12.wi.us.

Building Administrator/Principal Name (type or print)

Signature of Principal (required)

Date

Signature of Applicant (required)

Date



All Schools Grant Application 2014-2015

Title: _____

Grade Level: _____ **Subject area:** _____ **Number served:** _____

Total amount requested (grant limit \$1,000): _____

Project Type: ___ Classroom Grant ___ School Site Grant ___ Special program

Is this part of a larger project? ___ Yes ___ No

Community and parental involvement are an important part to the success of our schools. Sometimes additional sources of funding are available or have been committed to a project. Please list other sources of funding you have pursued, the amount requested, and the amount donated from each source.

Source	Funding Request (y/n)	Amount Requested	Amount Funded
District Funds			
PTO/PTA			
Parents/Students			
Business/Community			
School Activity Funds			
Other			

Please complete the following prompts:

If you do not receive funding, how will this affect your program/classroom/teaching?

Write a brief paragraph describing your project:

How does your project address the grant goals (mission/vision of district; value-added; greatest need and equity; motivate and inspire students)?

How does your project address the grant goals (mission/vision of district; value-added; greatest need and equity; motivate and inspire students)?

Please list all necessary materials, equipment, or services needed to support your value added project, and include the total quantity, the supplier of the product, and the amount it will cost.

Materials/Equipment/Services	Quantity	Supplier	Amount

Office Use Only	Sources of Revenue	Proposed/Pending	Approved/Received
			Total: