Grant Proposal Form

You will need District approval for a new grant-funded project. This form will help you articulate your idea, then get the necessary consent of the Department Director (Teaching & Learning, Pupil Services, Technology, Special Education).

Proposal Data	
Project Name	
Building	
Name and Title	
Contact Email	
Contact Phone	
Grant Through	
Funding Agency	
Fiscal Agent	
Source of Funds (if known)	Federal State Private Foundation Other
Submission Deadline	
Which of the District's and/or Building's strategic goals does the project align with? How?	

Budget Data
(This is just a starting point to get you thinking, not a final budget. Do the best you can to estimate costs.)

Estimated Cost and Duration of Project	$ _____ month/year _____
Personnel (Who will be working on the project? How much time will be necessary to implement it?)	
Curriculum Development Hours (For new curriculum as well as putting courses online)	
Special Supplies or Equipment	
Contractors (e.g. third party evaluators)	
Participant Stipends	
Other	

Project Summary

Goal (This should be a big picture statement of what you hope to ultimately accomplish through your project):

Population Served (e.g. specific sub-set of students, K-12 students, faculty, etc.):

Need (Why is this project important right now? How do you know? Provide Data that supports the need):

Objectives (Your objectives should be specific, measurable, attainable, related to goal, and time-sensitive. E.g., "The project will increase student completion by 10% by end of year three."):

Project Activities:

Evaluation Activities (How can you know whether your project is "successful" or not? How will you know if you are meeting your projected goals and outcomes?):

Project Longevity (How do you propose funding the program after the grant ends? Or, is there no need because the project creates/purchases something – e.g. curriculum, equipment, partnerships):

What is the District's obligation? (Choose all that apply)

	Time		Travel Expenses
	Personnel		Release Time
	Substitutes		PD Time

_____

X _____
Staff member requesting grant (printed name)   *Date*

X _____
Staff member requesting grant (signature)   *Date*

X _____
Principal's Signature   *Date*

Approved

Not Approved - Because: _____

X _____
Director's Signature   *Date*