

GRANT APPLICATION
of the
Iowa-Grant Educational Foundation

Date _____ Name of Applicant or Group _____

Project Leader(s) ... _____ School/Department ... _____

Address _____ City _____ State ____ Zip _____

Day Phone ... _____ Evening Phone ... _____

Email Address ... _____

Project Title ... _____

Select One (circle one) Staff Enrichment Student Enrichment Family Enrichment

Project Start Date _____ Project End Date _____

Amount of Funding Requested ... \$ _____ When are the funds needed _____

How would funds be spent if only partial funding was granted? _____

1. Present a line item budget including project expenses & income sources. _____

2. Do you presently have or are you seeking any other funding sources involved with this specific project? If so, from whom? _____

3. What are the needs this project will address? Explain the significance of the needs.

4. Who is the project intended to benefit? Are the benefits measurable? _____

5. List the specific goals and objectives of the project and the activities to accomplish them.

6. What are the estimated number of students, staff and families who will benefit?

Directly... Students _____ Staff _____ Families _____

Indirectly. Students _____ Staff _____ Families _____

7. How will this project have a positive lasting impact on students, teachers and/or families?

8. Who will be carrying out this project and what are their qualifications to do so?

9. What potential is there for sustaining this project after the Foundation Grant has ended? If it is not sustainable, what is the potential impact of the project beyond the grant period? How will the impact be evaluated? _____

SECTION 2

Must be completed for Staff Enrichment or Student Enrichment grants.

In what ways does this project provide for a creative and innovative approach to achieving educational excellence? _____

SECTION 3

Must be completed for Family Enrichment grants.

1. How does this project provide ways to strengthen and support the family unit?

2. How does this project encourage parents to be actively involved in their parenting responsibilities?

3. Are there activities that include both parent and child? (Please list) _____

4. What type of integration and follow through will there be with school staff? _____

All grants must be approved and signed by the District Administrator before the IGEF Board of Directors will consider them for funding.

**When Completed, please send to:
IG Superintendent, Stephanie Hubbard
498 Cty Rd IG
Livingston, WI 53554**

Signature

Date
