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 (underline 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.

1. 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 this form to:**

**IG Superintendent, Stephanie Hubbard, 498 Cty Rd IG, Livingston, WI 53554**

**OR**

**Email to:** **SHubbard@igs.k12.wi.us**

by saving your completed WORD document and then attaching it to an email to Stephanie Hubbard.

**Signature Date**