

# Teacher Grant Application

Project Title: \_\_\_\_\_

Applicant's Name(s): \_\_\_\_\_

School: \_\_\_\_\_ Position: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Total Project Cost: \_\_\_\_\_

Matching/other funds available? \_\_\_\_\_ Amount: \_\_\_\_\_ Source: \_\_\_\_\_

**EFFG does not fund salaries, food/parties or staff tuition with grant funds.  
Technology is not funded through EFFG grants at this time. Maximum grant funding is \$500.**

## Instructions

- State your expected outcome and benefit of the project.
- Include the academic area affected.
- Explain how project meets District Strategic Plan goals and School Improvement Plan goals
- Include supplemental information if applicable, not to exceed 2 pages.

If funds are awarded by the Education Foundation of Forest Grove I/we agree to:

1. Inform EFFG in writing of changes to job assignment affecting this grant.
2. Expend these funds during the current academic year only on items described in the budget submitted.
3. Submit a Project Completion Report to EFFG within 30 days of completing the project.
4. Return any unexpended funds to EFFG with the Project Completion Report.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

(I understand that I may be contacted for clarification regarding this application.)

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

(By signing, I acknowledge my support and approval of this project)

Principal Printed \_\_\_\_\_

**Please return this application to Heather Rhoads at the Education Foundation (PO Box 811)**

**Applications must be received by October 15th.**

***Applications received after the deadline will not be considered.***

**Grants should be awarded no later than December 15<sup>th</sup>.**

# Teacher Grant Application

**Project Title:** \_\_\_\_\_  
(Do not include schools name in application)

Who benefits from this project: \_\_\_\_\_

Number of participants: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

## **Category**

- ☐ Enrichment (Innovative programs offering creative opportunities and ideas)
- ☐ Enhancement (Materials and/or programs that support/expand adopted curriculum, not funded by district budget)
- ☐ Essentials (Materials not available through district of school budget)

## **Brief Description**

Describe your project in one paragraph in a clear and concise manner, highlighting its compelling, creative and/or unique aspects. (Not to exceed 100 words)

## **Project Need Statement**

Describe the compelling need for your project and why it is important. The need the project will meet, not just the financial need for the grant. (Not to exceed 500 words)

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## **Budget**

Amount Requested: \_\_\_\_\_ Total Project Cost: \_\_\_\_\_

Matching/other funds available? \_\_\_\_\_ Amount: \_\_\_\_\_ Source: \_\_\_\_\_

Will you accept partial funds? \_\_\_\_\_

Provide a line item listing of your budget