EAU CLAIRE PUBLIC SCHOOLS FOUNDATION

Ensuring the future

All Schools Grant Application
Cover Sheet
2014-2015

Grant Title: _____

Applicant: _____ **Staff Position:** _____

School: _____ **Email:** _____

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

Amount requested: $_____

Timeline: ___ fall __spring __ entire school year __ summer

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

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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 application to: 500 Main Street, P.O. Box 511, Eau Claire, WI 54701
Or email: 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

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All Schools Grant Application
2014-2015

Title: _____

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

Total amount requested: _____

Project Type: ___Classroom Grant ___School Site Grant ___Supplies ___Technology

Is this part of a larger project? ___Yes

Please complete the following prompts:

Write a brief paragraph describing your project:

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

More space to write:

How does your project enhance learning? How does it address a special need or problem facing your school, classroom, and/or students?

How will this funding affect your program/classroom/teaching if you do not receive funding at this time?

Budget

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

Expenses

Materials/Equipment/services	Quantity	Supplier	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	_____

Revenue

Sources	Proposed/Pending	
_____	_____	_____
_____	_____	_____
__ECPS Foundation_____	_____proposed_____	$ amount requested
	Total	_____