

CLASSROOM GRANT APPLICATION

SCHOOL NAME:

APPLICANT(S) NAME:

POSITION/TITLE:

EMAIL:

PHONE:

WORK

CELL

PROJECT TITLE:

Total Project/Program/Tools Budget: \$

Request (max. \$2,000 per year) \$

Grade Level of Students Involved:

Anticipated # of Students Impacted by Project:

New Program Yes

No

Does your school have Title 1 designation:

Yes

No

Have you received funding from EF in the past? Yes

No

If yes, when:

How much?

Describe your program in one paragraph in a clear and concise manner (**100 words or less**):

Describe the compelling need for your program and why it is important. Attach any necessary supporting documents.

Describe the compelling need and why it is important. Attach supporting documents. **If you have applied for support from your PTO or another funding opportunity, indicate who and status: (Limit to 2 pages):**

My Principal

(name) has reviewed and approved this grant proposal. I have submitted the request to BLS Technology Dept. (if applicable).

IF FUNDS ARE AWARDED FOR MY CLASSROOM GRANT REQUEST, I AGREE

- That all items purchased with grant funds will become property of Bend-La Pine Schools.
- To submit a project evaluation report, including photos to the EF within 45 days of completion and prior to seeking future grant requests.
- To return any unexpended funds to the EF upon completion of the project or by May 1, 2022.
- Inform the EF in writing of changes in job assignment affecting this grant.
- Expend these funds only on items described in the proposed budget to accomplish the objectives described in this application.
- To be available for at least one event to share program and results at mutually agreeable time.

DEADLINE

Applications must be received no later than **Friday, October 15 by 5:00pm** to be considered and emailed to the Education Foundation at the following address:

classroomgrantapplications@gmail.com

Early submissions are welcomed.

CLASSROOM GRANT APPLICATION

(541) 355-5660 | CLASSROOMGRANTAPPLICATIONS@GMAIL.COM | WWW.ENGAGEDMINDS.ORG

CLASSROOM GRANT ITEMIZED BUDGET WORKSHEET

PLEASE CHECK AREA OF STUDY GRANT APPLIES TO:

Art & Music Humanities Language Arts Wellness Physical Education
 STEM/STEAM Special Needs Technology Other

BUDGET CATEGORY	AMOUNT REQUESTED	OTHER SOURCES AND AMOUNT OF SUPPORT	PROJECT TOTALS PER CATEGORY	RANK PRIORITY OF FUNDING
Books & Media				
Equipment				
Technology				
Student Activities				
Supplies				
Other				
Total Grant Request				

Please complete this budget and attach to your Classroom Grant Application. Submit your completed application to classroomgrantapplications@gmail.com no later than **Friday, October 15th at 5:00 pm.**

