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| |  |  | | --- | --- | | **Cover Sheet** | | | **Grant Title** | | |  |  | | **Applicant** | | |  |  | | **Staff Position** | | |  |  | | **School** | | |  |  | | **Email** | | |  |  | | **Cell Phone** | | |  |  | | **Amount Requested ($)** | | |  |  | | **Timeline** | | |  |  | | **Select One** | | |  |  | | **Please Note** | | | **Building Administrator/Principal Name** | | |  |  | | **Signature of Principal** | | |  |  | | **Date** | | |  |  | | **Signature of Applicant** | | |  |  | | **Date** | | |  |  | | **All Schools Grant Application 2017-18** | | | **Title** | | |  |  | | **Grade Level** | | |  |  | | **Subject Area** | | |  |  | | **Number served directly by this grant.** | | |  |  | | **Total Amount Requested** | | |  |  | | **Project Type (Click all that apply)** | | |  |  | | **Is this part of a larger project?** | | |  |  | | **Please complete the following prompts:** | | | **Write a brief paragraph describing your project:** | | |  |  | | **How does your project address the grant goals (mission/vision of district; value-added; greatest need and equity; motivate and inspire students)?** | | |  |  | | **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?** | | |  |  | | **Please list all necessary materials, equipment, or services needed to support your project.** | | | **Materials/Equipment/Services 1** | | |  |  | | **Quantity 1** | | |  |  | | **Supplier 1** | | |  |  | | **Amount 1** | | |  |  | | **Materials/Equipment/Services 2** | | |  |  | | **Quantity 2** | | |  |  | | **Supplier 2** | | |  |  | | **Amount 2** | | |  |  | | **Materials/Equipment/Services 3** | | |  |  | | **Quantity 3** | | |  |  | | **Supplier 3** | | |  |  | | **Amount 3** | | |  |  | | **Materials/Equipment/Services 4** | | |  |  | | **Quantity 4** | | |  |  | | **Supplier 4** | | |  |  | | **Amount 4** | | |  |  | | **Materials/Equipment/Services 5** | | |  |  | | **Quantity 5** | | |  |  | | **Supplier 5** | | |  |  | | **Amount 5** | | |  |  | | **Total Expenses** | | |  |  | | **Please list all sources of Revenue** | | | **Source 1** | | |  |  | | **Proposed/Pending? 1** | | |  |  | | **Amount 1** | | |  |  | | **Source 2** | | |  |  | | **Proposed/Pending? 2** | | |  |  | | **Amount 2** | | |  |  | | **Source 3** | | |  |  | | **Proposed/Pending? 3** | | |  |  | | **Amount 3** | | |  |  | | **Source 4** | | |  |  | | **Proposed/Pending? 4** | | |  |  | | **Amount 4** | | |  |  | | **Proposed/Pending? 5** | | |  |  | | **Total Revenue** | | |  |  | | **Revenue-Expense** | | |  |  | | **Total Expenses from previous page** | | |  |  | | **Is there anything else you would like us to know?** | | |  |  | |