

# Specialty Grant Application

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

Contact Person for Grant: \_\_\_\_\_

Email and phone number \_\_\_\_\_

Name of Applicant(s)	Signature of Applicant(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Grade(s) \_\_\_\_\_  
(List each grade level)

Subject(s) \_\_\_\_\_

Number of Students: \_\_\_\_\_  
(please give estimation)

Amount of Grant. \$ \_\_\_\_\_

Implementation dates: \_\_\_\_\_

### Approval Signatures:

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

Assistant Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Director of Technology\* \_\_\_\_\_ Date \_\_\_\_\_

\* Required when funds will be used to purchase technology and/or media equipment.

DIRECTIONS: Please provide a summary for each area listed below.

**Description of Proposed Project/Activity:** (Detailed summary of what you plan to do with the g funds.)

**Need:** (How will this grant improve student learning?)

**Objectives:** (Describe measurable objectives in terms of student behavior or performance.)

**Evaluation Strategy:** (How will you determine the success or failure of this program?)

**Implementation:** (Name and title of individuals responsible for the implementation of the grant the classroom and what will be their specific responsibilities?)

**Sustainability:** (If funded, how will you continue the program/project in the future? What will be recurring cost? How will this program/project be funded in the future?)

**Staffing cost:** (Will there be any additional staffing cost needed to implement this grant?)

## Project Budget

DIRECTIONS: Note the budget distribution for each category. Be specific.

Budget Items	Amount	Vendor (designate if approved or non-approved)	Budget Code Business Office Use
Supplies (please list)			
Equipment			
Contracted Services (list consultants)			
Shipping/Handling			
Other			
TOTAL			

**PLEASE INCLUDE ANY IMAGES, COPIES OF QUOTES, ETC TO AID REVIEW PROCESS**