



SUPPORTING EXCELLENCE IN EDUCATION

Deadline for submission is the **September 4, 2018**

Grants to Teachers Application Form

Please submit this application typed.

Applicant's Name _____

Home Address _____

Home Phone _____ School Phone _____

School _____ Position/Title _____

I grant, to the Ada City Schools Foundation, the right to use this proposal and the results of this project, if funded, for public information purposes and to help other educators.

Applicant's Signature _____ Today's Date _____

Principal's Signature _____ Today's Date _____

Please forward to: Ada City Schools Foundation
c/o Grant Chairman
PO Box 1363
Ada, OK 74820

FOR OFFICE USE

Application #:

Grants to Teachers (up to \$2,500.00)

Project Title

Budget Request

Summary Description

Level

Pre-K, K & K-1

1-6

7-9

10-12

Special Services

A. NEED

1. What classroom or school needs, problems or opportunities does the proposed project address?

B. PROJECT DESCRIPTION

2. List objectives.

3. Describe the project activities. Address *what* will be done, *who* will do it, *what resources will be required*, *where* project activities will take place and *when*- include a time schedule.

4. Approximately how many pupils will be affected by this project? *Explain the number.*

C. EVALUATION

5. How will the objectives be evaluated? *Describe specific means of evaluation for each objective.*

6. What will happen to the project at the conclusion of the grant? If it is to continue, how will it be funded?

D. BUDGET REQUEST

7. Detail the budget request below. Organize the budget items according to the project activities. Include information such as kinds of materials and equipment needed, sources of supplies, and costs. ***Be specific. Payments for services of Ada City Schools employees are prohibited.***

Item	Supplier	Budget Amount

TOTAL BUDGET REQUEST: _____
(Transfer this amount to page 2)

8. Will additional materials, labor or funding for this project (i.e., donations, volunteer labor, other grants, school funds) be needed? If so, please describe. Please note that this differs from the items above in that these are items that are received, but not funded, from the Foundation.

Item	Supplier	Budget Amount

TOTAL OTHER CONTRIBUTIONS: _____

TOTAL BUDGET TO ACCOMPLISH PROJECT: _____