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**2021-2022 Grant Application Form**

This application form is used for DPSF Grant Programs.

(Grant applications must be typed. Send hard copy to Karen Heidt % DPS Foundation.)

Grant applications are due Friday, December 10, 2021.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/Building/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position/Title:**

**Email Address:**

**Telephone #:**

**Sponsoring School Building (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check: Individual/Teacher Grade Level Team**

**Building Level/School-wide Team District-wide Team**

**Subject Area Team/Department**

**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Partners Collaborating On Project (if applicable):**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Which Foundation Focus area/areas applies to your grant?** (please check)

Academic Success College and Career Readiness Community

Cultural Early Childhood Professional Development

STEM/STEAM Student Wellness The Arts

**Project Description/Overview**

Briefly describe your proposed project.

Why is your project needed?

**Objectives/Goals**

What are the major objectives/goals of this project?

**Impact on Students**

How will the student’s educational experience be enhanced, improved or changed as a result of this project?

How will your project engage students in the learning process?

Approximately how many students will be impacted by this project?

**Evaluation of Project**

How will you evaluate the effectiveness of the project?

**Budget Summary (include itemized expenses for material/equipment)**

Describe the proposed project budget. State specifically how the money will be used.

Ex. List all books, equipment, materials, software to be purchased along with prices and shipping costs.

|  |
| --- |
| Item Description Quantity Unit Price Total Cost |
| Shipping/handling costs  **Total Project Cost $\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s signature (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Building principal/administrator's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Foundation use only:**

Date Application was received: \_\_\_\_\_\_\_\_\_\_\_ Application Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_