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**2022-2023 Grant Application Form**

This application form is used for DPSF Grant Programs.

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

Grant applications are due Friday, December 9, 2022.

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

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

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

**Position/Title:**

**Email Address:**

**Telephone #:**

**Please check: Certified Classified**

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

V

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

 **Subject Area Team/Department**

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

**Collaborating partners (if applicable):**

**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 & Mental Health The Arts

**Project Description/Overview**

Briefly describe your proposed project.

Why is your project needed?

Include website for product/project (if applicable):

**Objectives/Goals**

What are the major objectives/goals of this project?

**Impact on Students**

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

What will the project look like in action? Give a detailed explanation of what an observer would see.

Approximately how many students will be impacted by this project?

**Evaluation of Project**

How will you evaluate the effectiveness of the project?

**Technology Plan**

Does your grant require technology? Yes No

If no, continue to Budget Summary. If yes, complete ALL questions in this section.

Who will install and/or set up software/hardware? Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_

Who will repair and/or replace software/hardware? Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_

Does your technology come with a service plan? Yes No

Does your technology require a license or subscription? Yes No

 If yes, who will pay for the renewal fees? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your grant require other technology or accessories to operate? Yes No

 If yes, do you have it or a plan to acquire it? Please explain.

 **I understand the district technology department is not responsible for installing, updating, licensing, repairing, or replacing any technology obtained from this grant.**

 **If applicable, I have completed the district’s “**[**Software Purchase Request**](https://www.dickinson.k12.nd.us/teacher-resources)**” form. This will be taken into consideration for grant approval. Please note the Foundation retains the right to make the final decision.**

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

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

Example: List all books, equipment, materials, software to be purchased along with prices, service plan, shipping costs, etc.

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

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

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

Building administrator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Foundation use only:**

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