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**2022-2023 Mini Grant Application Form**

This application form is used for DPSF Mini Grants.

(Grant applications must be typed.)

Mini grant applications may be submitted from October 1, 2022, through April 1, 2023.

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

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

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

**Position/Title:**

**Email Address:**

**Telephone #:**

**Please check: Certified Classified**

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

**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

**Will the project be possible if we do not fund the project?**

**Beginning project date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending project date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Description/Overview**

Briefly describe your proposed project.

What are the major goals of this project?

Why is your project needed?

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?

**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. **Mini grants up to $500 will be accepted. Any expenditures above $500 must come from building or personal funds.**

|  |
| --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved (Yes or No) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, why?

Check sent? \_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_