Dickinson Public Schools FOUNDATION INC

2023-2024 Mini Grant Application Form

This application form is used for DPSF Mini Grants.
Grant applications must be typed.
Send a hard copy to Karen Heidt % DPS Foundation or email to kheidt@dpsnd.org.
Mini grant applications may be submitted from October 1, 2023, through March 31, 2024.
The Program Allocations Committee will review the Mini Grant applications monthly.

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" 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 Cost	Quantity	Unit Price	Total
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: _____