



School District 113A Educational Foundation Request for Alternative Funding

Use this form to initiate the application process to grants offered by other businesses or foundations.

Applicant Information

Name: _____ Email: _____

School: _____ Grade: _____

Home phone: _____ Cell phone: _____

Applicant is: (check one)

Teacher Administrator District 113A staff member

Summary of Request

Describe the program or materials for which you are requesting funding. Explain how that will align with the Common Core standards and current curriculum.

Grant Information

If interested in a specific grant, please include that here with the appropriate website and grant application deadline. (*note: this form must be submitted 30 days before the grant deadline*)

Timetable for Proposal

Give start and completion dates if applicable. Is this a one-time program or a potential multi-year program?

Evaluation

Describe how you will determine whether your program is successful. What will be the ongoing benefits of the program to the district? What are the measurable results expected? How many students will benefit from the program?

Budget

Please provide an itemized budget of estimated costs including expected further costs to maintain the program. Include material costs, registration fees, and technology fees.

Expenses	Anticipated Cost \$\$
Instructional materials	\$
Technology needs	\$
Consultant fees	\$
Cost to maintain program	\$
Other	\$
Total grant request	\$

Is this grant request part of a more comprehensive program?

Is funding being sought or provided by any other sources?

Technology Approval: *(approval from technology director necessary if grant request is related to technology needs -computer software programs, computers, iPads, etc.)*

I have read this application and agree that the district's technology committee can support this proposal.

Name: _____ Date: _____

Statement from Principal

I have read this application and I fully support this proposal. I certify that funding for this project is not available within the District's operating budget.

Name: _____ Date: _____