Revised 07/2018

**Danville Public School Foundation**

**Grant Application**



**Grant Guidelines**

The Danville Public School Foundation’s goal is to provide funds to promote, aid, and encourage educational purposes, activities and endeavors for the benefit of Danville Public School students, to assist teachers and administrators in:

* Providing new, creative, and/or inspiring learning experiences outside of, but in support of, the standard curriculum which provides students with enhanced educational opportunities to expand their knowledge or understanding of a subject.
* Piloting innovative educational programs.
* Providing school-wide educational assemblies that enriches students’ learning experience.
* Providing funding for projects in partnerships with Danville Community Consolidated School District 118 consistent with these guidelines.

To this end, the Foundation does not fund the following:

* Basic curriculum and/or supplies to support basic curriculum
* Salaries for Danville Community Consolidated School District 118 personnel
* Extracurricular activities
* Individual student scholarships/camps/seminars
* Field Trips
* Computers
* Building improvement projects
* Furniture
* Landscaping
* Projects that require multi-year funding

The Danville Public School Foundation meets six times a year to consider grant requests. Their meetings are the second Wednesday of the following months: July, September, November, January, March, and May. Grant applications should be to the Foundation Office three weeks prior to the Foundation’s meeting date.

**Applicant:** Please complete the following questions regarding your project. Once you have completed the application and have signed it, please forward it to your building principal.

**Building Principal**: Please review and approve the grant application and send it to either to the IT Director (if it is an IT related project or if it will need IT personnel involvement to implement) or to the Superintendent’s Office.

**Director of IT:** If this grant application involves participation of the IT Department or the purchase of IT equipment, please review, sign and forward to the Superintendent’s Office.

**Superintendent:** Please review, sign and forward to the School Foundation’s Executive Director.

If you have questions about the grant application process, your idea or you need general assistance in completing the application, **please call** the Foundation Office at 444-1044.

Grant Number

This number will be assigned by the Foundation.

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

Committee Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application is available on line at

If you have questions, please contact the Foundation Office at 444-1044.



|  |  |
| --- | --- |
| **Your Name:** | **Phone: Cell:** |
| **Email:** | **School:** |
| **Grant Name/Project Title:** | **Grade Level:** |
| **Curriculum Area:** | **Date:** |
| **Budget – include TOTAL amount requested:** |  |

**Please use as much space as needed to explain your program and why it is important that this project be funded.**

**1. SUMMARY** (Summarize the purpose of the project/program, including the student need it addresses.)

**2**. **POTENTIAL STUDENT IMPACT (How many students will be served by this project/program**? Please do not just list “entire school”, we prefer the actual number of students.)

**3. STATEMENT OF NEED:**

**4. OBJECTIVES** (What are you trying to accomplish with this project. How will this project/program enhance or support your current curriculum? (Please be specific.)

**5. ACTIVITIES** (What will students do? Please be specific.)

**6. BUDGET**  (**Please attach a detailed summary of the expenses**. Please provide total numbers by area listed. If the project/program extends beyond the funding of the grant, how will you support it? Use as much space as needed.) *You may insert an Excel Spreadsheet with the information request.*

Materials and Supplies (be specific, include vendor if possible)

Equipment List and Pricing (be specific, include vendor if possible)

Other (be specific, include vendor if possible)

Shipping:

ITEM VENDOR AMOUNT

* If partial funding is provided by the Foundation what other resources are available to fund the balance of this project?
* If only partial funding is available, what are the highest priority items to be funded?

**7. TIME LINE** (What steps will you take to put your grant in action? What is the timeline for each step? Include start date and completion date.)

**8. MEASUREABLE OUTCOMES** (How will you know this project or program was successful? How will you share the results?)

**9. PRIOR EXPERIENCE** (What experience have you had with this project or program? Or, do you know of another teacher or school district's experience with it? Please describe.)

**10. Additional information: (Feel free to add any additional comments, brochures, flyers or other support information.)**

***DPSF requests all approved grant recipients to identify their project/program as being funded by DPSF and publicize DPSF to parents and to the community at large. Approved grant recipients are required to submit a report once their grant funds have been expended, no later than the end of the current school year. If requested, you will provide a presentation summary describing the project/program and its outcome. The presentation should be in a format appropriate for DPSF use. Funds are to be used for their intended purpose only. Unused funds are to be reported and returned to the DPSF.***

If awarded I agree to abide by the conditions of the grant.

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

**Principal Support:** I have read this proposal and will support its implementation. It is compatible with our school policies, but cannot be funded within our current budget.

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

**Technology Department Review:**

I have read this proposal and my comments \_\_\_\_are / \_\_\_\_\_ are not attached. (In the absence of comments it is assumed that the Technology Department has no objection to the purchase. Comments could include support of the project and suggestions of alternate equipment.)

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

**Superintendent’s Review:** I have reviewed this proposal and the information in the proposal is compatible with the District’s policies. My comments (if any) are included.

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