

**Boise Public Schools Education Foundation, Inc.**  
**2010-2011 Teacher Grant Award Program Application**

**A current application must be complete to be considered. A grant may not be more than five (5) pages in length.**  
**Return to:**  
**Boise Public Schools Education Foundation, 8169 W. Victory Road, Boise, ID 83709**

School/Program Name: \_\_\_\_\_

Program Director's Name: \_\_\_\_\_

Program Director's Email Address: \_\_\_\_\_

Program Director's Position: \_\_\_\_\_

Program Director's Work Telephone Number: \_\_\_\_\_

Program Director's Home Address (for July grant notification purposes only): \_\_\_\_\_  
Street City Zip Code

Identify where the grant will be used (check the appropriate box):

- Individual Classroom     Entire School Grade Level     School Department  
 School-wide     District-wide

**Total dollar amount requested on the Budget Request Form is: \_\_\_\_\_**

Identify the specific grade level/department/program the grant is designed for: \_\_\_\_\_

Identify and quantify the student population that will be directly impacted: \_\_\_\_\_

Identify the curriculum content area that will be impacted: \_\_\_\_\_

**Give a brief overview of the grant in four sentences or less:**

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## Teacher Grant Award Application

**I. GOAL/OBJECTIVE:** How does your goal and objective relate to your school's and/or District's goal and objectives? **DO NOT** use acronyms. **(0-7 points)**

**II. ASSESSMENT:** Explain how the success of the grant will be determined. **(0-7 points)**

**III. NEED:**

A. Why is the program needed? Present statistics and data that exemplifies your specific need. **(0-7 points)**

B. How is this need currently being addressed? How will the grant request better address the need? **(0-7 points)**

**IV. PROJECT IMPLEMENTATION:** Explain how this program will be implemented. Include teaching methods and strategies that will be used to accomplish the project. **(0-7 points)**

**V. PROJECT IMPLEMENTATION TIMELINE:** Explain the program timeline for implementation. **(0-7 points)**

**VI. CREATIVITY:** Describe how this program will enhance or create a stimulating or motivating learning environment for students. **(0-7 points)**

**VII. TECHNOLOGY:** Does the grant request include technology-based items that may or may not be on the current District Technology Buy List? (Must be answered by no points awarded) Check one:  Yes  No  N/A

B. Explain how they will or will not be supported by the District Technology Department:

**VII. BUDGET:** Include **ALL** of the following components: **(0-7 points)**

A. The amount being requested from the Boise Public Schools Education Foundation must equal all enclosed Grant Award Program Budget Request forms and be reflected on the front of this application. The grant amount requested from the Foundation: \$ \_\_\_\_\_

B. Will the project cost more than what you are requesting from the Foundation? Check appropriate box.  No  Yes  
How much more \$ \_\_\_\_\_

C. Have you secured funds from other sources for the project? (Check appropriate box and explain.)

Yes. Explain from where and how much: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. Explain why not: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. If funds requested are not received from the Foundation or another source will the project still be implemented? (Check appropriate box and explain.)

Yes  No. Explain why or why not: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Will this project create a need for on-going funding?  Yes  No If yes, what are your plans to secure future funding?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. Have you received a Boise Public Schools Education Foundation grant before for this project?  Yes  No If yes, list the dollar amount awarded, the year you received a grant, and explain what the Foundation purchased for you:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. **Complete the attached Teacher Grant Award Program Budget Form for each vendor** you use. List **specific** items to be purchased from each vendor. **DO NOT** use the phrase, "miscellaneous" for items to be purchased. Only specific items listed will be considered for approval.

H. Prioritize items needed if partial funding is awarded:

\_\_\_\_\_

\_\_\_\_\_

**If an individual site or department submits more than one grant application, the Site Administrator must prioritize the site's grant applications; initial his/her site priorities; and explain why. If not prioritized and an explanation given, the grants may not be considered.**

**1<sup>st</sup> Choice:**

List Project Director's Name: \_\_\_\_\_

Dollar Amount of Grant Request: \_\_\_\_\_

List What the Grant is Requesting: \_\_\_\_\_

Explain why this is your first priority for funding:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2<sup>nd</sup> Choice:**

List Project Director's Name: \_\_\_\_\_

Dollar Amount of Grant Request: \_\_\_\_\_

List What the Grant is Requesting: \_\_\_\_\_

Explain why this is your second priority for funding:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3<sup>rd</sup> Choice:**

List Project Director's Name: \_\_\_\_\_

Dollar Amount of Grant Request: \_\_\_\_\_

List What the Grant is Requesting: \_\_\_\_\_

Explain why this is your third priority for funding:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Site Administrator is ONLY to sign a grant application if it supports the criteria for a grant award.  
The grant application will not be accepted without the Site Administrator's signature.**

Print Program Director's Name

Program Director's Signature

Date

Print Site Administrator's Name

Site Administrator's Signature

Date

