

# Garden City Public Schools Foundation

*Supporting Excellence in Education*

## Mini-Grant Application

The Grant Awards committee is seeking applications that are within the mission of the Garden City Public Schools Foundation...Supporting Excellence in Education. Excellence can be measured in various ways, but the committee is specifically looking for projects that may be an adjunct to the tried and true tenets of teaching or brings new techniques to the classroom.

Your Name:

Date:

Building(s):

Project Name:

**Submission Information:**

**Deadline: February 19, 2021**

**Submit completed applications to the Office of Instruction.**

Project No.: \_\_\_\_\_ (assigned by Office of Instruction)

**Instructions:**

- Define all acronyms upon first use.
- Be aware**...spell check and grammar check does not function within the design of this document (the use of fields).
- Remember, non-educators will review this application. Write so they will understand.
- Except for information on the previous COVER PAGE, nowhere in this application should you identify the name of your school, yourself or any other staff members involved in the project. This COVER PAGE will be removed prior to review and reviewers will do a "blind read", i.e. review your proposal without knowing whose proposal they are reviewing.

**Signatures**

*[Signatures of applicant(s) below indicates agreement to comply with all grant requirements. Use an additional sheet of paper for signatures if there are more than 2 applicants.]*

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Additional signature if a group project

\_\_\_\_\_ Date \_\_\_\_\_

*[Principal's signature below indicates awareness and support of grant proposal.]*

Signature of the Principal \_\_\_\_\_ Date \_\_\_\_\_

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## **Mini-Grant Application**

**Project No.:** \_\_\_\_\_ (assigned by Office of Instruction)

**Project Name:**

**Total Grant Request:**

**Grade Level(s) affected by this project:**

**How many students will be affected? (Using current student counts)**

**Is there a targeted student group for this project? (e.g., ESL, Special Education, etc.) If so, please list:**

**Project Description:**

**Project Goal:**

**How will project success be measured?**

**Project Timeline:**

**Project Budget:**

**Percentage of items purchased that will be consumed or wear out (with normal usage) in the (please use cumulative figures for each year):**

- 1<sup>st</sup> year:
- 2<sup>nd</sup> year:
- 3<sup>rd</sup> year:

If applicable, provide resources, web sites, etc. that will provide further information about the items being purchased, or the process that will be used. Photocopied attachments are acceptable (*no more than two pages*).