*Code*_____

Maple Education Foundation

INSTRUCTIONAL INITIATIVE
GRANT APPLICATION COVER

Name of Project Chairperson or Director: _____

Is this a team proposal: Yes/No

If yes, please list members _____

Campus _____ Campus Phone _____

E-mail _____

Title of proposed Project: _____

Anticipated Date of Implementation: _____

Anticipated Date of Completion: _____

Total Dollar Amount Requested: _____

Applicant Signature: _____ Date _____

Principal Signature: _____ Date _____

Return completed application to:
Maple Education Foundation
5500 Clement Drive
Maple Heights, Ohio 44137

NOTE: Review of grant proposals is anonymous. This cover sheet will not be included as part of the actual selection process by the Board or established committee of the Foundation. Consideration will be based solely on the information provided by the grant proposal document set forth below. The Board reserves the right to request additional information as may be necessary for review and/or approval of grant applications.

Foundation Use Only

Date Received _____ District Approval _____

Superintendent Review_____ Final Disposition _____

*Code*_____

Maple Education Foundation

INSTRUCTIONAL INITIATIVE
GRANT APPLICATION FORM

Project Summary

Project Title _____

Grade Level _____ Subject _____

Implementation Date _____ Evaluation Date _____

Total Amount of Request _____ Date of Proposal _____

1. Briefly describe this project and the need for it?

2. Explain how this project meets the instructional goals of the District or Campus overall plans.

3. What are the major goals or objectives of this project? How will these goals or objectives be measured?

4. What teaching methods will be used to implement this project? How will you engage students" and assure their participation?

5. What grade level(s) will be affected by this project? Approximately how many students will benefit from this project? What is the potential for expansion of this project to other grade levels and/or schools?

6. What methods of communication will you use as designed to share the success, outcomes, or recommendations of this project with other grade levels, schools, school district, and/or community?

7. What, if any, additional materials will be required from the District to implement this project?

8. List a chronological time schedule which includes, as applicable: lesson plan(s), ordering/receipt of materials, actual classroom implementations, student participation, evaluation, and any other significant data that should be included for this project.

9. A final written project summary report and evaluation is required at the completion of this project. This report should reflect how you evaluated whether your objectives have been achieved? (should we consider holding final distribution of grant money for this report and summation?)

Please list your entire budget request including those items or funding that have been received or provided by the school district. List requested budget costs and items in order of priority. Detail your budget request. If a kit is included please detail the contents. Include specific information on materials and equipment needed and their sources, duplicating costs, and any other fees, charges and payments.

NOTE: If this grant project is approved, copies of all invoices and proof of payments must be attached to a written final evaluation and returned to the Maple Education Foundation by June 30th of the school year in which the initiative is implemented. ***Failure to provide this written report and/or substantiating financial documentation will result in return or repayment of the awarded grant funds.***

Quantity	Item	Cost of Item	Supplier	Budget Amount