



Indian Valley Education Foundation Mini Grant Application Form

SCHOOL INFORMATION

Name: _____

Phone: _____

Mailing Address: _____

City: _____ Zip: _____

Principal Name: _____

Email: _____

TEACHER INFORMATION

Name: _____

Position/Grade Level: _____

Phone: _____
(where you can be reached when the school year ends)

Email: _____

Home Address: _____

City: _____ Zip: _____

PROJECT INFORMATION

Project Title: _____

Grade Level: _____

Number of Students: _____
(include only those benefiting directly from project)

Project Start/End Dates: _____

Total Project Budget: \$ _____

Amount Requested: \$ _____

Brief Project Description *(What need will be addressed, what will you do and how, what do you hope to achieve, etc.?):*

Sustainability of Project *(Should be able to use with students each year):*

How will this project impact students and/or the school long-term?



IVEF Mini-Grant Application

How will this project promote creative teaching and/or classroom experiences?

YES NO N/A

If your project involves technology and/or equipment, have you completed certification and/or training required by your district ?

Is this a collaborative project/will other teachers and classrooms be involved?

Is this project sustainable? Will this project continue beyond the grant period?

Have you applied for a grant for this project through other sources?

Materials Needed & Budget

ITEM	QTY	COST PER ITEM	ITEM TOTAL	NOTES
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

TOTAL EXPENSES

AMOUNT AVAILABLE (IF ANY) FROM OTHER SOURCES

List other sources:

AMOUNT REQUESTED

Vendors *(Suppliers, retail stores, etc. from which supplies will be obtained)*

Required Signatures

Building Principal: _____ Date: _____
 Director of Curriculum: _____ Date: _____

