

BETTENDORF COMMUNITY SCHOOLS FOUNDATION

P.O. Box 1150 Bettendorf, IA 52722

Julie Funk– Director Of Administration and Outreach

foundation@bettendorf.k12.ia.us

563-359-3681 ext 3094

GRANT # _____

BCSF office use only

GRANT APPLICATION

(Please print or type)

Applicant Name(s):

Date:

School Building:

BCSF Representative:

Applicant's Email:

Phone #:

Title of the Project/Grant:

Department/Grade Level:

Number of Students Impacted:

Start Date of Project:

End Date of Project:

Total Budget of Project:

Amount Requested from BCSF:

Additional Funding Sources (include denied funding requests):

Source

Result

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Instructions: Please respond to all questions clearly and concisely. Also contact your BCSF Representative for grant review one week prior to grant submission deadline.

Purpose

- In 3-5 sentences describe the educational problem/need that this grant request addresses.

Solution

- Describe how this grant request will improve and enhance the learning experience for students impacted by the above identified problem.

- **Site and Summarize** 1-2 sources and **brief summary** of data that support your solution.

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Project Outline

- Provide **detailed** outline of how the proposed grant will be executed.

- Describe how the results of the proposed grant will be evaluated or measured.

Project Narrative & Grant Criteria

- With which of the following BCSF criteria does this proposed grant align? (please highlight or circle - more than 1 may apply)
 - Supplemental materials for new programs or initiatives that is unobtainable through other methods.
 - New ideas or materials that assist in meeting established standards and benchmarks or educational needs of groups of students.
 - Supports 21st Century skills (critical thinking, creative thinking, problem solving and collaboration).
 - Educational needs of a specific group of students.
 - Educational events, activities and/or programs.
 - Educational equipment or technology.

Budget

- Attach an itemized breakdown of how the funding will be used.
- Please include in the budget the entire cost of the grant.

Item Description	Cost	# Purchased	Subtotal
Total			

Reflection

- It is important for the Foundation to show the results of these grants to our community. Please list the ways you will share the success of this project with the Foundation. (video, test scores, photos, student success stories etc.)
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- Completion of the Grant Reflection Form is required to be eligible for the Finnessy Award. The Grant Reflection Form can be found on the BCSF link on the school website. **Failure to complete the Grant Reflection Form may impact future grant funding.**

Other Information

- Is there any additional information the Foundation should know in consideration of your grant proposal?

Please note: If requested by the Board, it may be necessary for the grant applicant(s) to appear briefly in person to review the grant proposal.

Signature & Date of Applicant

Signature & Date of BCSF Representative

**Signature & Date of Building Principal
Or appropriate Lead Principal
if district wide grant**

Signature & Date of Michael Raso

**Signature & Date of Technology Director
(Only needed if technology grant)**

**All four signatures are required prior to submission to BCSF Board of Trustees.
BCSF Due Dates for 2016-17 school year: September 30, 2016 and January 27, 2017**

**Please submit to: Bettendorf Community Schools Foundation
P.O. Box 1150 Bettendorf, IA 52722 foundation@bettendorf.k12.ia.us**