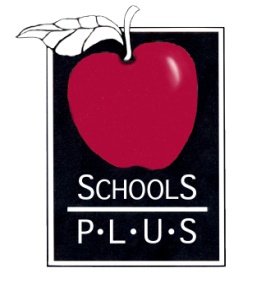
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**Schools Plus**

PO Box 66289  
Scotts Valley CA 95067

www.schoolsplus.us

(831) 475-1889

**SCHOOLS PLUS TEACHER CLASSROOM and BRICMONT LIBRARY FUND**

**GRANT APPLICATION**

Please email to *schoolsplus@cruzio.com*

The deadline for your grant application is

EMAILED no later than NOVEMBER 1st.

**INCOMPLETE, MAILED, OR VERSIONS OTHER THAN THIS CURRENT REVISION WILL NOT BE CONSIDERED.**

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Applicants'** Names, Titles, email addresses and a **non-school mailing address** (for mailing of grant checks and/or other grant-related communications over the school breaks). **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Curricular Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade Level: \_\_\_\_\_\_\_\_\_\_\_**

**Budget Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**One Paragraph Summary Description of Grant:**

1) What are the project objectives? Be specific about expected student outcomes.

2) Describe the activities in which your students will participate.

3) How will you evaluate the project?

4) How will you share this project with your colleagues?

5) If this is a collaborative grant, describe in what ways collaboration will occur.

6) What is the target audience?

# of Teachers \_\_\_\_\_\_ # of Students \_\_\_\_\_\_ # of Classrooms ­­­\_\_\_\_\_\_ # of Parents \_\_\_\_\_­­\_

**PROJECT BUDGET**

**This must be an itemized budget for your project to be considered. Be specific. List all materials**

**and costs in order of priority. Attach a separate sheet and/or supporting documentation as necessary.**

**TOTAL: $\_\_\_\_\_\_\_\_\_\_\_\_**

**Make Check Payable To:**

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

**Please provide your initials in acknowledgement of your agreement to:**

**Provide documentation (receipts) for use of grant funds.**   
 (Be sure to meet your district's purchasing deadline, if relevant). **NOTE: Failure to provide**

**documentation (receipts) for use of grant funds will result in a three-year ineligibility for future**

**grants.**

\_\_\_\_\_\_ Implement the grant by the end of the school year.

Complete the Final Project Report by the 2nd Friday of September (with photo release forms for any students in photographs). **NOTE: Failure to provide Final Project Report will result in a three-**

**year ineligibility for future grants.**   
  
\_\_\_\_\_\_ **Principal Support Declaration:** The applicants have discussed this grant proposal

with the school’s Principal and received the Principal’s approval for the grant’s implementation

should the grant be approved. **Principal’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please inform us immediately if there are any significant difficulties in making use of the funds for the purpose described in your grant proposal, or if the grant funds cannot be expended during the school year.

You may not use the funds in any way other than as referred to in your grant application unless you receive written permission from SCHOOLS PLUS.   
The Final Project Report will be available for download from the Schools Plus website.   
**If the Final Project Report is not received, you will become ineligible for another grant for the next three grant cycles.**