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FALL 2017 GRANT APPLICATION FORM

Please type directly into this form. Add space as needed. Contact (540) 315-2156 or info@montcoef.org with questions related to completing the application.

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| Primary Contact Person:      | Project Title:      |
| School(s) Served by Project:      | Primary Contact Phone Number:(   )    -     |
| Primary Contact Email Address:      | Date Submitted:  /  /   (mm/dd/yy) |

PROJECT SUMMARY, TIMELINE, AND BUDGET: Write a simple narrative summarizing your project activities. This summary may be used for publication, so please be concise (minimum 250 words). Provide a project timeline that explains each step of the process, including any significant milestones and a project completion date. Provide a specific budget for your project. Will your department, school, or system budget provide any funds for the project? List any other sources of outside funding you are seeking for the project. Could this project be partially funded and still exist? If MCEF does not fund this project, who will? Let us know if this project can be funded in stages.

PROJECT GOALS/BENEFITS/IMPACT: Outline your specific educational goals for the project. Describe the benefits to students and the number of students to be impacted. Describe benefits and impacts for colleagues and your school.

PROJECT NEED/ORIGINALITY/ SUSTAINABILITY: Clearly define the need for your project and provide supporting research and data. Describe how the project is innovative, engaging and/or unique. Is the project sustainable and what additional resources will be needed to continue the project in future years?

EVALUATION: Please define how you plan to evaluate this project. If selected, you are responsible for evaluating the effectiveness of your project and reporting to the MCEF no later than one year from the date the grant check is issued. Your stated goals should also be used in the evaluation process at the end of your project.

OTHER: Include any information that you would like the Committee to consider while reviewing your application. Attach brochures, price comparisons, etc. as needed. Please indicate whether you have applied for an MCEF grant in the past and whether you were awarded the grant.

REQUIRED SIGNATURES: Team Participants, School Principal, and Technology Resource Teacher (ITRT) if technology is requested.

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| Name | Title | Signature |
| Primary Contact:      |       |  |
| Principal:      |       |  |
| ITRT (if applicable):      |       |  |
| Other Collaborators: |
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