

Classroom Grant Cover Sheet

Date Submitted: _____ **Grant cycle:** ___ Fall ___ Winter ___ Spring

Project Title: _____

Applicant / Sponsor Information

Lead Applicant's Name: _____
 Other Teachers/Staff Involved: _____
 How many years teaching at TSD #401: _____
 Benefiting Which Schools: _____
 Applicant's Email: _____
 Phone (Extension): _____

Type of project (mark all that apply):

- Student Field Trip Classroom Equipment/Basic Supplies
 New Program/Curriculum Enhancement to Existing Program/Curriculum
 Technology Building Improvement
 Other (please define) _____

Number of students who will benefit from funding each year: _____

Start date: (mo/day/yr): _____ **Completion date (mo/day/yr):** _____

Total Project Amount: \$ _____

Can you complete the project with partial funding? ___ yes ___ no

Income (List your income sources)	
TVEF Requested Amount	\$
Other Funding Sources (please list)	\$
	\$
	\$
	\$
Total	\$
Expenses (Itemize each item)	
	\$
	\$
	\$
	\$
Shipping	\$
Taxes	\$
Total	\$

Classroom Grant Narrative

The TVEF uses the following rubric to guide its decision-making process during each classroom grant cycle:

Classroom Grant Rubric				
	4	3	2	1
Alignment	Grant aligns with district strategic plan AND TVEF mission	Grant aligns with district strategic plan OR TVEF mission	Grant aligns with school goals.	Does not align with district strategic plan or mission
Innovation	New, creative ideas; new to district; new methodology	New to school or grade	New idea to teacher	A needed item
Quality of Impact	Significant student growth	High potential for student growth	Likely to yield student growth	Informational
Quantity of Students	District wide	School wide	more than 3 teachers	1-2 teachers
Years	3+ years of use	2-3 years of use	1 year	1 semester

Grant Narrative:

Please limit your Grant Narrative to a 1- to 2-page narrative and one attachment, as necessary. After reviewing the rubric, please address the following questions:

1. Please provide a brief summary of your project.
2. What is the main objective and expected outcome of your project?
3. Explain how your project aligns with the missions of both the Teton School District 401 and the Teton Valley Education Foundation:
 - ***The mission of the Teton Valley Education Foundation is to enhance opportunities for excellence in Teton School District #401 through educational programs and community partnerships.***
 - ***Teton School District 401 provides a safe and exceptional learning environment where career and college readiness are the academic cornerstones of a relevant and progressive education.***
4. Is this grant request proposing a new, innovative project for your classroom? If so, what will be the impact on students?
5. If this grant request is regarding a basic classroom necessity, have you been turned down for this same request by your school's principal?
6. How will you evaluate your project's success? (If you are awarded a grant, you must provide an evaluation of the success of your project, as part of the Final Grant Report. This may be a student survey, student interviews, increase in classroom performance/grades, etc.).

TVEF Classroom Grant Signature Sheet

Project Title _____

Your signature below indicates you attest to the following:

- I, the undersigned, hereby state that all of the information provided in my application is accurate and up-to-date.
- I understand that my proposal may become the basis for a funding contract. I agree to adhere to my project budget and other information in my proposal.
- I agree that if funded, I/we will comply with all requirements set forth by the Foundation for the receipt of funds.
- Prior to the release of grant funds, I understand that I will be required to sign a funding agreement indicating that I will utilize Teton Valley Education Foundation funds as indicated in my proposal. It is my responsibility to keep a copy of the proposal for this use.
- I acknowledge that all items purchased for this grant are the property of the TSD 401 and must remain in the classroom upon leaving the School District.
- I agree to provide to a final written Grant Report to the Teton Valley Education Foundation within six (6) months of the date grant funds are awarded. I understand that I may not submit future grant applications until all final report reports from previous grants are submitted.
- I understand that my proposal may be shared with others. Information from my proposal may be used on the Teton Valley Education Foundation's website, in local media and marketing materials, shared with potential donors and Education Foundation Committee, Board and Staff Members.

Lead Applicant Name

(Please Print)

Lead Applicant Signature

Principal/ Superintendent Name*

(Please Print)

Principal/ Superintendent Signature*

***If this grant application is being submitted electronically, in lieu of a principal signature, please have the principal send an email verifying approval of your grant request, to Programs@TetonEducation.org.**

**SUBMIT COVER SHEET, GRANT NARRATIVE & SIGNATURE PAGE VIA EMAIL TO:
PROGRAMS@TETONEDUCATION.ORG**