**Grant Application\***

Applications are now being accepted for the 2020 grant cycle

and must be submitted by March 20, 2020.

**\*All grants must be submitted online at** [**www.EGEFRI.org/grant-application**](http://www.EGEFRI.org/grant-application)**.**

**This document should be utilized to prepare your application; once you are ready to submit your application, each field can be copied and pasted into the online form.**

**Questions? Please email the EGEF Grants Committee at** [**Grants@egefri.org**](mailto:Grants@egefri.org?subject=EGEF%20Grant%20Application%20Question)**.**

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| --- | --- | --- |
| Title of Project | | |
|  | | |
| First Name | | Last Name |
|  | |  |
| Your Phone | | Email |
|  | |  |
| Who is the lead contact for this project? | Please provide the email address of the lead contact: | |
|  |  | |
| Please provide the names of co-applicants or other faculty members who are participating in the project: | | |
|  | | |
| How much is your Grant Request? | | |
|  | | |
| Please describe the program with core activities: | | |
|  | | |
| Have you ever requested this program as part of the regular operating budget of your department? | | |
| Yes  No | | |
| What is the intended START date of the program? | | |
|  | | |
| What is the expected END date of the program? | | |
|  | | |
| What are the projected number of students that may benefit from this request? | | |
|  | | |
| Please provide a brief summary of the project: | | |
|  | | |
| Explain the educational goals of the project. Please be specific about both short-term and long-term goals: | | |
|  | | |
| Describe the core activities of the program, what students will do as they participate in the project and how the project will accomplish its educational goals: | | |
|  | | |
| Describe how the program is innovative and/or sustainable. To what standards and/or aspects of the curriculum is the project linked? In what ways does it go above and beyond what is normally required? Describe ways that it could be incorporated into the ongoing curriculum. | | |
|  | | |
| Please describe quantitative ways by which the program can be evaluated. How will you measure success? | | |
|  | | |
| Is your principal in support of this application submission? | | |
| Yes  No  *\* EGEF reserves the right to review this grant application with the school principal.* | | |
|  | | |
| Each grant application must have prior support from the EGSD Director of Teaching and Learning, to ensure it aligns with the EGSD mission and approved curriculum. Does this application have that support? | | |
| Yes  No | | |
| **Authorization, Certiﬁcation, & Final Reporting**  By submitting this Grant Application, I hereby:   1. certify that all information provided is correct, to the best of my knowledge, 2. agree to allow East Greenwich Education Foundation to use all of the information presented in this application, any project status reports, and my final report for publicity purposes, 3. agree to adhere, should the Grant be awarded, to the prescribed program of any status reporting deemed appropriate by the East Greenwich Education Foundation Board, 4. agree to commit to ongoing communication/collaboration with the East Greenwich Education Foundation Board, 5. agree to submit a Final Report to the East Greenwich Education Foundation, and 6. agree to return any unused Grant funds to the East Greenwich Education Foundation.   Said Final Report will include:   * + 1. a full accounting of all actual income and expenditures for my project, including receipts for all expenditures due within 30 days of the completion of the project, and     2. a Self-Evaluation describing if and how my project goals were achieved.   I accept  I do not accept | | |