

**MINIGRANT APPLICATION FORM**

**(Proposed grants up to $250; Grant over $250 will be considered)**

Applicant(s) Name(s) Date of Submission

School(s)

Position/Title Phone

Address

Phone Email

Project Start Date Project End Date

**PROJECT TITLE FUNDING REQUEST**

**SUMMARY OF MINI-GRANT PROJECT** (100 words or less)

**NEED**

* Describe the proposed need for the project, activity or resource request? Please specify in terms of academic achievement, social-emotional learning, life skill, or post-secondary readiness.

**PROJECT DESCRIPTION**

* Specify goals and/or objectives for the project.
* Specify anticipated learning outcomes (knowledge, skill, behavior) as a result of the project.
* Describe project activities. What you will do, who will do it, what resources will be required, and where project activities will take place. If possible, include a time schedule.
* Approximately how many students will be affected by this project? (Short term & Long term)

**EVALUATION**

* How will you know if the project has been successful? How will you measure and determine project outcomes?
* What will happen to the project at the conclusion of the grant? If it is to continue, how will it be funded?

**FUNDING REQUEST**

***NOTE: Typically, Mini-Grant awards are for amounts up to $250. Exceptions will be considered on a case by case basis.***

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| **Description of Item** | **Quantity** | **Amount** |
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| **Total Request** |  |

**SIGNATURES**

***I grant School District 110 Foundation the right to use this proposal and the results of this project, if funded, for public informational purposes.***

Signature of Applicant(s) Date

***I support this applicant and this grant.***

Signature of Principal(s) Date

Signature of Director of Curriculum (If applicable) Date

 ***Please direct questions to Roger Sauerbrey: phone – 952-657-2431***

 ***Email –*** ***rlsauerbrey@frontiernet.net***

***Send the completed application to the District Office.***