



Blue Springs Education Foundation Staff Grant Application Form

**Application Deadline:
October 14th**
**Your application must be emailed to Katie Woolf at the
Bartow Administrative Center @ kwoolf@bssd.net**

Project Number (District use only):

- **SUBMIT ONE COPY OF TYPED APPLICATION**
- **Do not staple. Copy on one side of page only**
- **Application will be eliminated if it exceeds FOUR pages.**
 - Your evaluation tool/form is **not** considered part of the four page limit.

Do NOT mention the name of your school on Pages 2 through 4.

Project Title _____

Budget Request _____

Number of Students who will be **DIRECTLY** impacted by this Grant in year one _____

Estimated number of students who may be impacted by this Grant over the Grant's lifetime _____

School(s) where grant would be operated _____

Employee(s) submitting proposal _____

Job Position and Location(s) _____

How may you best be contacted _____
Phone numbers, times available, etc.

Content area to be addressed through BSEF Grant (please check primary area and secondary emphasis if needed):

- | | |
|---|--|
| <input type="checkbox"/> Language Arts/ Reading
<input type="checkbox"/> Math
<input type="checkbox"/> Art/Music
<input type="checkbox"/> Science
<input type="checkbox"/> Technology | <input type="checkbox"/> SPED
<input type="checkbox"/> Social Studies
<input type="checkbox"/> Health/Fitness
<input type="checkbox"/> Interventions
<input type="checkbox"/> Other Explain: _____ |
|---|--|

(will be reviewed by Tech. Dept. to ensure their ability to effectively support technology request)

Principal's Signature _____

Print, obtain principal signature, then scan and email to kwoolf@bssd.net

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A. Project Purpose

1. Briefly summarize this project describing to non-educators the focus, purpose and intent of this grant and how it will impact student learning. How will instruction change or be enhanced, or how will parent involvement increase, as a result of this grant opportunity?

2. State the SMART goal for this project. (Specific, Measurable, Attainable, Results-oriented & Time-bound)

3. Why do you believe your project will succeed? Cite any **research or experience** that supports your project?

4. Describe how this project is original, forward thinking, and/or creative.

5. Why are you passionate and/or enthusiastic about this project?

B. Project Plan

1. Plan of action – Describe the timeline for implementation.

DATE	ACTIVITY/ACTION STEP

2. Describe how this project will **support the GLE, CCSS and/or school improvement plan.**

C. Project Evaluation.

1. Describe how often and when you will **evaluate your progress** and when you will complete your **final project evaluation**. Please specify and/or attach the **evaluation tools or instruments** you will use.

D. Project Budget

1. Provide a detailed listing of all **project costs**. If you are purchasing books, please give a general description of the types/genres of books you are purchasing. You will not need to list each individual title.

***Do not forget to include S & H and tax if applicable to your costs.**

Description of budget item	Quantity	Cost Per Item	Total Cost
TOTAL GRANT BUDGET			