



LITTLE CHUTE AREA SCHOOL DISTRICT EDUCATIONAL ENRICHMENT FOUNDATION

Dear LCASD Educational Enrichment Applicant:

Please follow the instructions below to submit your Educational Enrichment Proposal for consideration. Proposals must be received no later than **- X Q H** considered for funding. Please see information about criteria, and a copy of the rubric on the District website under *Community/Educational Enrichment Endowment Fund/Grant Applications*.

Directions:

Save a copy of the Educational Enrichment Proposal Form on your own computer.

2. Complete the form and save it.

Print completed form and provide a copy to your principal or supervisor for approval.

4. After signature is obtained, forward document to Dave Botz in the District Office. The District Office will email you a confirmation receipt.

The rubric will be used to assess applications.

A number system (and names redacted from applications) will be used when assessing applications to allow applicants to remain anonymous.

Applications must be received by **- X Q H**, **2019** at 4:00 pm for consideration.

EDUCATIONAL ENRICHMENT PROPOSAL FORM

***Name:**

***School:**

Career Pathways Academy
Flex Academy
Little Chute Elementary School
Little Chute Intermediate School
Little Chute Middle School
Little Chute High School

***School Telephone Number and Ext:**

Please include all the Names, Phone Numbers, and Email Addresses of Team members applying for a grant:

We give the Education Foundation of Little Chute the right to use the information about our project for purposes of public information or assistance to other educators. This information does not include release of our home addresses, telephone numbers, or email addresses.

Yes: No:

We have made our principal(s)/supervisor(s) aware of our application for this grant and they will support its implementation:

Yes: No:

PROPOSALS WILL NOT BE ACCEPTED WITHOUT PRINCIPAL'S/SUPERVISOR'S SIGNATURE OF APPROVAL LOCATED ON LAST PAGE.

Summary of Proposal:

Name of Grant Proposal:

Grade(s) and content Area(s) of Project:

Indicate the number of staff members and students directly involved in this project.

Staff members:

Students:

*Below, please provide a clear and concise summary of your proposal:
Use as much room as necessary.*

Detailed Information:

A. What makes this project unique or innovative?

B. Outline the goals and objectives of your project?

C. Clearly describe your project plan (who, what, where, when, how, why). Include a timeline.

D. Describe your team. Tell why you chose this particular collaborative group to facilitate your project.

E. How will you measure and evaluate program results? What type of data (numeric, anecdotal, etc.) will you collect?

F. How will this project impact your class/school?

G. Describe your school's/district's support for this program. How will this program be continued after funding has ceased? How do you see the project being integrated into the regular school program?

Budget Request

Please detail your budget request for your project. Include specific information such as kinds of materials and equipment, sources of supplies, and costs. Include information about other funding or in-kind donations, if applicable.

Example:

<u>ITEM</u>	<u>SOURCE</u>	<u>COST</u>	<u>TOTAL</u>
Network News Kit	Lakeshore Learning Materials	\$36.00/kit	\$36.00

Principal's/Supervisor's Signature of Approval:

When approved, please forward the completed document to the District Office, Attn: Dave Botz.

*Must be received by **June 12, 2020**. Upon receipt, a confirmation email will be sent to the applicant.*