

Please Email Application Form to:

Role

jcsfgrants@gmail.com

Date of Application:

Name

School(s)					
Address		Phone			
Email					
Amount of Request		Total Program Cost			
Name of Program					
What is the program Academics, Arts, Ath or STEM	interest area? lletics, Special Needs				
1. Summary of program.					
2. What does this p	rogram provide to students?				
2. What does this program provide to students?					

3. How does this program promote collaboration?				
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4. How will this program enhance the goals of the school district?				
5 How many students will benefit from this program? Describe these students				
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How many students will benefit from this program? Describe these students. How will the success of this program be measured?				

7. Will this program have recurring expenses? If so, how will future expenses be funded?					
8. If applicable, please list sources of other funding requested or secured:					
Source/Name:		Amount:			
9. Please outline	an estimated budget for requeste	ed funds and timelin	e of spending:		
Anticipated Date of Expense:	Description of Expense:		Amount:		
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Grant Requirements

- 1. Grants must improve and support the education experience of students of the JCSD.
- 2. Proposals may be submitted by teachers and/or staff of the JCSD and must be approved by an administrator prior to submitting.
- 3. If funded, grant equipment, materials, and ideas become the property of the JCSD.
- 4. A final report of the program, including expenditures and receipts must be submitted by June 30. The final report form may be found on the Foundation website at www.wearejohnston.com under the classroom grant tab. Upon final report, any unallocated or unspent funds will be retained by the Foundation for redistribution.

As the applicant, I have reviewed the above grant application and the grant requirements with a school or district administrator and s/he recommends approval. I understand that I may be contacted for further information by the Foundation Grant Review Committee.

JCSD Teacher Applicant's Signature:	Date:
Typed name implies agreement.	
JCSD Administrator's Name, Position	Location:
Email:	Phone:
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Typed name implies agreement.

Questions regarding the grant process should be directed to April Wilson at aprilwilson@jcsfoundation.org.