

Mount Vernon Public Schools Foundation

Classroom Enrichment Grant Application

Cover Page

Grant Title:

Seven words or less that describe the grant and can be used by MVPSF in external communications

Applicant(s):

School(s):

School Address:

Email Address:

Phone:

Grant Request Amount:

Grade level(s) and number of students this project affects:

Give a brief grant description (twenty-five words or less to be used by MVPSF in external communications such as our website and emails).

Principal Support: I have read this proposal and will support its implementation. It is compatible with Mount Vernon Public School District Policies but cannot be fully funded through our budget.

Principal's Name:

Signature:

Applicant Name:

Signature:

This is a competitive process and funding will be based on strength of application and availability of funds.

Submit completed application to:

P.O. Box 2543 Mount Vernon, WA 98273

Email completed copy to president@supportmvschools.org

Applications postmarked after the due date will not be considered

Application #:	Funded:	(MVPSF Use only)
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Project Description

1. Give a one sentence summary of the project.
2. Describe the entire project.
3. How will students be engaged in this project?
4. What innovative or creative components of this project will enhance the current curriculum?

Key Personnel & Timeline

Key Personnel: List all key personnel involved in the implementation of this request

Name	Position	Role on Project (be specific)

Please attach resumes and contact information for resource personnel from outside the school district.

Timeline: List specific Steps and the expected dates to mark your progress.

Step	Date

Mount Vernon Public Schools Foundation

Grant Statement Commitment

If I receive this grant, I will:

1. Obtain approval from the Foundation President of any changes of expenditures and/or timeline other than those stated in the original grant proposal.
2. Refund any unused money to the Mount Vernon Public Schools Foundation.
3. Identify the Mount Vernon Public Schools Foundation as a funding source in all publications.
4. Send completed evaluation form to the Foundation P.O. Box at the completion of the project, no later than June 1.
5. Record all expenses and include copies of receipts with the evaluation form mentioned above.
6. Agree, if called upon, to participate in a program that would highlight grants funded by the Foundation,
7. Inventory, according to Mount Vernon School District requirements, any equipment purchased by this grant, since all property will become assets of the Mount Vernon School District.

Your evaluations must be completed and submitted to be considered for any future grants.

Note: All identified key personnel must sign and date this grant.

Name	Signature	Date

