<i>ID#:</i>	
<i>ID#:</i>	

# Valley View Educational Enrichment Foundation Grant Application

(\$2,000 or less)

## Please read all instructions before completing this grant form.

Title of Proposal:			
Type of Proposal:	New	Renewal If renev Evalua	wal, ution attached
Applicant's Name:			
School:		Grade L	evel(s):
School Address:			
School Telephone:		Home Telephon	ne:
E-mail address:			
Area of Concentration	on (math, art, etc.	):	
Approximate numbe	er of students invo	olved:	
Grant Duration:	Starting	Ending	
Amount Requested:	\$		
Applicant's Signatui	re:		Date:
		Foundation Use	
Proposal Name: _			
Proposal I.D. Numbe	er:		

## Valley View Educational Enrichment Foundation Grant Application

#### I. SUMMARY INFORMATION

Title:

Amount Requested:

Grade Level(s):

Approximate number of students involved:

Area of concentration (*math*, *fine arts*, *etc*.):

Grant Duration: Starting Ending

#### II. PROPOSAL NARRATIVE

### A. General Description

(Please provide a single-page description of your project. You may attach literature, drawings, sketches, etc. that may be helpful in describing the proposal.)

ID#:
------

- B. What specific results do you expect from implementation of your project?
- C. How would implementation of your project relate to Valley View curriculum? Please include the purpose and relevance to existing programs or curriculum, and be sure to include specific state goals or Common Core Standards if applicable.
- D. Please describe the specific student population and the number of students involved.

#### III. EVALUATION PLAN

What evaluation strategy will you use to determine if the objectives listed in Section II Part B have been achieved (tests, pre and post-activity, survey, etc.)? How will you analyze these data?

<i>ID#</i> :
--------------

### IV. TASKS/ACTIVITIES

List in chronological order, the specific tasks or activities you will perform in order to implement your project. Indicate the position of the person responsible for each task and how much time will be allowed for each activity.

Activity/Task	Time Required	Position of Person Responsible

ID#:
------

### V. BUDGET

(All cost and funding sources must be itemized and included)

ITEM	COST
Materials or Equipment (itemize)	
* * ` ` ` `	
Travel	
Other (Miscellaneous)	
Total Budget	