

OREGON SCHOOLS FOUNDATION
MINI-GRANT APPLICATION FORM
(Please type or use black ink)

Applicant's Name

Home Address

Home Phone

School Phone

School

Position/Title

Project Title

Budget Request

One Paragraph Summary Description:

I grant to the OSF the right to use this proposal and the results of this project, if funded, for public information purposes or to help other educators.

Date

Signature of Principal

Date

Applicant's Signature

Please forward to: Oregon Schools Foundation
c/o Carol Soncrant
5721 Seaman Road
Oregon, OH 43616

Date Due: April 23

Please be brief with your explanations. If the question does not apply, simply write N/A.

A. **NEED**

1. What classroom/school need, problem or opportunity does the proposed project address?

B. **PROJECT DESCRIPTION**

1. What are your objectives? Please include specific desired outcomes.
2. Describe the project activities you wish to undertake. Address what you will do, who will do it, what resources will be required, where project activities will take place and an estimated time schedule.
3. Approximately how many pupils will be affected by this project?

C. **EVALUATION**

1. How will you determine whether the project has successfully met your objectives?
2. What will happen to the project at the conclusion of the grant? If it is to continue, how will it be funded?

BUDGET REQUEST (maximum grant \$500/individual or \$1,500/team)

Detail your budget request. Organize the budget items according to the project activities. Include information such as kinds of materials and equipment needed, sources of supply and cost. Be specific.

<u>Item</u>	<u>Suppliers</u>	<u>Budget Amount</u>
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TOTAL BUDGET REQUEST:
\$ _____
(Transfer this amount to cover page)

Will you be using additional materials, labor, or dollars for this project (i.e., donations, volunteer labor, other grants, school funds)? If so, please describe.

<u>Item</u>	<u>Suppliers</u>	<u>Budget Amount</u>
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TOTAL OTHER CONTRIBUTIONS
\$ _____

TOTAL BUDGET TO ACCOMPLISH
PROJECT: \$ _____