

**Tempe Union High Schools Education Foundation
Innovative Ideas Grant Program
Application**

COVER PAGE

**Please complete responses to all questions. Send signed sheet with signature page to:
Tempe Union High Schools Education Foundation, District Office OR e-mail documents to:
dwelling@tuhsd.k12.az.us**

If sent via e-mail, please send original signature page by interoffice mail.

Applicant (Key contact) Name	Subject/Grade	Cell Phone
Home Address, City, Zip		Home Phone
School	E-Mail	Work Phone/Fax
Project Title		Date of Project

I UNDERSTAND and AGREE TO THE FOLLOWING:

- This project does not displace, replace or supplant programs funded through the District.
- Grant funds must be used within one year from date of award and any amount not used during that time will be returned to the TUHS Education Foundation.
- TUHSEF will not reimburse any costs of the project above the grant award or pay for those costs or items not included in the proposed budget.
- I will submit a written evaluation, project findings and budget summary within one month of completion of the project and agree to present my findings to the Board if requested.
- TUHSEF has the right to use this project, if funded, for public information purposes or to help other educators.

Applicant (Key Contact)	Date	Principal	Date
For TUHSEF use only: Funds Allocated \$ _____			
Date: _____		TUHSEF Initials _____	

APPLICATION DEADLINES:

- 1st Quarter 1st Tuesday in October**
2nd Quarter 1st Tuesday in January
3rd Quarter 1st Tuesday in April

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APPLICATION FORM

Specifications

1. Submit the application as an attachment to dwelling@tuhsd.k12.az.us or send in Inter-office mail to the TUHS Education Foundation at the District Office.
2. The narrative should follow the prescribed outline below and not exceed three (3) pages in length, not including the budget. Clarity and brevity are appreciated!
3. Please include the following in your application:
 - a. Cover Page with applicant and principal signatures (send original Inter-office)
 - b. Group Application Signature Page, (if needed) SEND INTER-OFFICE
 - c. Application Narrative: Please use the outline below with corresponding section names. It makes reading the applications much easier.
 - d. Budget
4. Only grant applications using this format and budget forms will be accepted.
5. Please do not use binders or covers.

GRANT NARRATIVE: (3 pages or less)

Purpose of the Project

Purpose of Project:

- What is the purpose and anticipated impact of your proposed project, and how will it improve student achievement?
- How does the project link with the District's Mission and Vision?

Project Description

Creativity and Innovation

- How is this project different from the usual classroom approach?
- Identify the elements of creativity you will be using.

Design:

- Describe the activities that will ensure that your project is successfully accomplished.
- How will the project be integrated into the curriculum?
- How will you use the materials and supplies you included in your budget?

Relevance to Grants Program Goals

Extension of student learning

- How will this project extend student learning beyond the classroom?

Collaboration

- What other collaborative partners are involved in the project?

Availability of other funding

- What other possible sources of funding have you investigated, including regular school funding?

Evaluation, Dissemination and Future Plans

Evaluation

- Indicate how the success of the project will be measured.

PLEASE NOTE: Within 30 days of completing your project, you will be REQUIRED to submit a Final Report. Your one (1) page report should include a summary of the project, the positive effects and any difficulties encountered. Additionally, please include a summary of your expenses along with receipts.

BUDGET FORM

Please fill out completely the budget form. If applicable, list any in-kind donations or contribution to the project.

INCOME	Dollar Amount
OTHER FOUNDATIONS	\$
PUBLIC AGENCIES	\$
INDIVIDUALS	\$
TUHS EDUCATION FOUNDATION	\$
OTHER	\$
TOTAL INCOME	\$
EXPENSES	
SALARIES	\$
BENEFITS	\$
SUPPLIES	\$
ADVERTISING & PROMOTION	\$
PRINTING & PRODUCTION	\$
POSTAGE	\$
AWARDS	\$
MEETING EXPENSES	\$
CONSULTANT	\$
OTHER	\$
TOTAL EXPENSES	\$

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GROUP SIGNATURE PAGE
Complete **ONLY** for Group Applications

Project Title: _____ **Date:** _____

Please include signatures of all applicants who will be responsible for planning and implementation of this grant. Add additional lines if needed.

Print Name/School

Signature

Print Name/School

Signature

Print Name/School

Signature

Print Name/School

Signature

Print Name/School

Signature

Print Name/School

Signature

Print Name/School

Signature

Print Name/School

Signature