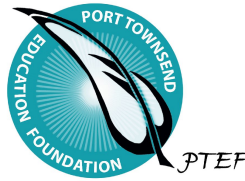


# PORT TOWNSEND EDUCATION FOUNDATION



## CURRICULUM ENHANCEMENT GRANT APPLICATION

**Title of Project:**

**Primary focus (i.e. Math, History, etc.):**

**Number of students engaged in project:**

**Total amount requested from Port Townsend Education Foundation (PTEF):**

*(Amount from Budget Proposal, page 4)*

***Project Leader identified for purpose of communication:***

Name:

School:

Staff Position:

School Direct Phone:

Email:

Home/cell phone:

**Has this project previously been funded by PTEF?**

If yes, please provide the following:

School:

Year(s):

Previous Project Title:

Leaders:

**PTSD Tech Support Endorsement (if applicable):**

*I have read this proposal and will support its implementation.*

Tech Support Name (print): \_\_\_\_\_

Tech Support Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Principals' Endorsement:** *I have read this proposal and will support its implementation. It is compatible with Port Townsend School District policies, but cannot be fully funded through our building budget.*

Principal's Name (print): \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROJECT DESCRIPTION**

*Please provide the following information on no more than three attached sheets.*

1. Provide your project title and a brief summary of the project, including purpose, learning objectives and intended results.
2. Explain how your project is connected to current Washington State Grade Level Expectations and Performance Expectations.
3. Explain how students will be specifically and equitably involved in this project.
4. Explain how the project will enhance the curriculum and include any innovative or creative components of the project.
5. How will you measure the success of the project?
6. If this project is funded, could future students benefit from its implementation?
7. If you are seeking funds for this project from other sources, please provide answers to the following questions. Are you requesting funding from other sources? What percentage of the project depends upon PTEF for funding? If your project is not funded by the other sources what portion would you still be able to do with the funding amount you are requesting from PTEF? What are the expected award dates for the other funds you are seeking?

## KEY PERSONNEL AND TIMELINE

**Key Personnel:** List key personnel involved in the implementation of this grant; if resource personnel are used, please attach their resume.

<b>Name</b>	<b>Position</b> (Staff, Student, etc.)	<b>Role in Project</b> (be specific)

**Timeline:** List milestones involved in doing project and the expected completion dates. PTEF monies cannot be spent before grants are awarded.

<b>Step</b>	<b>Deadline</b>

**BUDGET PROPOSAL**

A detailed budget is required for application funding consideration. Identify all needs of the project, including books, DVDs, etc., by title and quantities needed. Attach a separate page, if necessary. *Please be as specific as possible and identify pricing sources.*

Item	Cost	Total % of Project Costs	Other Funding Sources (PTSD, PTSA, Maritime Center, etc.)
<b>Total Cost of Project</b>			
Total Percentage of Funding Requested from PTEF			
Total \$ Request from PTEF:			

*Please check your numbers to make sure they are accurate.*  
**All funds must be used by the last day of the school year.**

## STATEMENT OF COMMITMENT

If I receive a grant, I will:

1. If requested, deliver brief presentations about the project to public audiences or provide a visual aide or aides that will become the property of PTEF to be used at future fund raising and/or informational events.
2. Apply to PTEF for any changes of expenditures other than those stated in Proposed Budget.
3. Refund any unused funds to the PTEF.
4. Identify Port Townsend Education Foundation as a funding source in all website postings, publications, public statements, etc.
5. Email the completed grant evaluation and expense report to PTEF at [grants.ptef@gmail.com](mailto:grants.ptef@gmail.com) (please note the new email address).
6. Provide a copy of the evaluation and expense report with copies of receipts in the district office according to the schedule in the guidelines.
7. Follow PTSD inventory procedures. All equipment purchased with PTEF funds becomes the property of the PTSD.

**Your evaluation and expenditure accounting must be completed before future applications are considered and monies released.**

*Note: Must be **signed** and **dated** by each of the key personnel listed on page 3, excluding parents and outside resource personnel.*

Name	Signature	Date

## **APPLICATION CHECKLIST**

*Before submitting your grant application, please complete the following checklist to ensure that all of the required information has been included. Grant applications that are incomplete are less likely to be funded. If an item is not applicable, please mark N/A.*

### **Include this checklist with your application**

#### **General Requirements**

- The applicant is a PTSD administrator or teacher, or is a staff member.
- An electronic version of the application has been emailed to grants.ptef@gmail.com.
- A paper copy of the application with required signatures is in the school building office (Grant St., Blue Heron or PTHS).
- Tech support (if required) and the principal have read, signed and dated the proposal.
- The authorized Port Townsend Education Curriculum Enhancement Grant Application form has been used.
- The Statement of Commitment has been signed by all key personnel.

#### **Supporting Documentation**

- A Project Description, up to 3 pages, is attached.
- Any separate pages for the Proposed Budget are attached.
- Resumes for any outside resource personnel are attached.

#### **Budget**

- Budget requests are detailed and accurate.
- There are no requests for reimbursement of money that has already been spent.

#### **Statement of Commitment**

- Signed and attached

#### **Repeat Grant Evaluation (if this is a repeat request for a previous grant)**

- Attached