**Proposal for Funding**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main Contact(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of Main Contact(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position (in relation to school, i.e. teacher, family member...)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School or District Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

How many students or teachers will be served by this project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the total amount requested from the Issaquah Schools Foundation? $\_\_\_\_\_\_\_\_

**Which Issaquah Schools Foundation area(s) of focus is addressed by your project? (Select all that apply):**

* Building Academic Foundations
* Exploring Limitless Opportunities
* Launching Successfully into the Future

**Does this proposal address STEM (Science, Technology, Engineering or Math)?**

* Yes
* No

**Project Details**

1. **What do you want to do?** Describe the project or activity (why the project is needed, who is targeted, what are the goals). (A minimum of 1-4 sentences or bullet points)
2. **Why did you choose this approach and is this an innovative approach to an existing problem?** (A minimum of 1-2 sentences or bullet points)
3. **How will you know it ‘worked’?** What impact will the grant have on students and/or teachers? Please provide complete, understandable and measurable outcomes (i.e. the number of participants, results from pre/post tests, satisfaction surveys, and/or quotes and stories from participants) (A minimum of 1-2 sentences or bullet points)
4. **A key** **funding philosophy of the Foundation is to support the needs of the whole child- defined as students' comprehensive academic, social/emotional and health needs.** A whole child approach: 1) ensures that each student is healthy, safe, engaged, supported, and challenged, and 2) sets the standard for comprehensive, sustainable school improvement and provides for long-term student success. **How does your program/activity support the needs of the whole child?** (A minimum of 1-2 sentences or bullet points)
5. **How will people know that the Foundation supported this project?** (i.e. Issaquah Schools Foundation logo on project flyers, in emails/e-news, on websites, or with stickers on equipment purchased) (A minimum of 1-2 sentences or bullet points)
6. **Is there anything else that you would like for us to know about your project?**

**FUNDING INFORMATION**

What is the total budget for project- including sales tax and costs beyond the scope of this grant: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the amount requested from the Issaquah Schools Foundation: $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Has this project/activity been previously funded by the Issaquah Schools Foundation? Yes ☐ No ☐ Unsure ☐

We favor proposals that show a variety of funding sources, such as PTSA, school building funds, services groups, etc. Have you requested funding from other agencies/organizations at this time?

Yes ☐ No ☐

If yes, please list:

**Please complete the Grant Budget Template form detailing your budget and attach it with your proposal.**

If the Issaquah Schools Foundation cannot fully fund your request, how will this affect the project/activity?

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal or Program Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_