

**Grant Submission Form**

**Return to Grants Acquisition Office via Inter-office mail, fax 615.214.8852, or electronically to**

[**vicki.magsby@mnps.org**](mailto:vicki.magsby@mnps.org)

**Questions: contact Vicki Magsby, Grant Coordinator 615.259.8691 ext. 858691**

DEPARTMENT/SCHOOL: CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: FAX: EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROJECT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FUNDING SOURCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEB ADDRESS OR ADDRESS OF FUNDING SOURCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL AMOUNT REQUESTED: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This proposal supports one or more of the following MNPS/MNPS Achieves Goals:**

**Goal 1** - Ensure that school, district, and community leadership is focused on high student achievement and cultivates a collaborative environment that produces excellence for our diverse student body.

**Goal 2** - Graduate all students from high school with college and career readiness by ensuring academic success for every student.

**Goal 3** - Create a self-renewing organization of great teachers and leaders.   
 **Goal 4** - Provide an effective data system to support instruction.  
 **Goal 5** - Turn around low-achieving schools and replicate success.

1. **Will you be hiring personnel?**  **Yes**  **No**
2. **Will professional development be included?  Yes  No**
3. **Will you be purchasing technology with these grant funds? \*  Yes  No**
4. **Will you be purchasing instructional software with these grant funds? \*  Ye s  No**
5. **Will school site or ground modifications be made using these grant funds? \*\*  Yes  No**
6. **Are matching dollars required for this grant?  Yes (** In-Kind or  cash)  **No**

***For the following three (3) questions, please use an additional page.***

1. **Briefly explain your project in two (2) to five (5) sentences.**
2. **Clearly describe how the project will be sustained beyond the grant funding period?**
3. **How will the effectiveness of the project be measured, how will the project be evaluated, and who will complete the required evaluation(s)?**
4. **How will the grant funds be used? Itemize anticipated expenses by category below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item Categories – Please enter the specific items to be purchased with grant funding** | **Proposed Expenses** | | |
| **Requested Funds** | **In-Kind Contributions** | **Project total** |
| **Personnel Salary** (not generally funded by Private Foundation Grants). |  |  |  |
| **Fringe Benefits** (for full-time, estimate 35%of the total salary) |  |  |  |
| **Materials** (i.e. supplies, computers, printers, interactive whiteboards, iPods, books, art/music supplies, etc) |  |  |  |
| **Equipment** (i.e. items for which unit cost is more than $5,000) |  |  |  |
| **Travel** (i.e. mileage, transportation, lodging, conference fees, etc.) |  |  |  |
| **Contracted Services** (costs that require a contract for services to be rendered, such as professional development or project evaluations) |  |  |  |
| **Other** |  |  |  |
| **Total** |  |  |  |

**SIGNATURE APPROVALS**

Grant Submitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Development Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director of Federal Programs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*IT/Educational Technology \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Planning and Construction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*Network Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Signature required if questions 3 and/or 4 are answered yes, \*\* Signature required if question 5 is answered yes,***