## **Locally Funded New Special Program/Activity Request**

This application is to request a maximum \$10,000 locally funded grant for a new program or activities that support the Strategic Plan Goals adopted by the Eastmont School Board. Applications that request funding for enhancing existing programs or activities will not be allowed.

Completed applications are due to the Superintendent's secretary by 4:30 on the last business day in May. Successful applicants will be required to provide a report to the School Board at the end of their initial year of operation.

Incl	ude	I: Cover Letter (one page) the purpose of the new special program or activity for which funding is equested.		
Section II: Summary Sheet Form Use the template provided on the following page				
Section III: Narrative Please include a description of the rationale as to how the program/activities of the new initiative will demonstrate the best use of Eastmont's local K-12 public funding. Strategies and supporting activities that will be used to accomplish the goals of the initiative should also be documented.				
Ple	ase	limit this description to no more than 1 page.		
Section IV: Attachments If you omit any of the required attachments, provide an explanation as to wheel of the required attachments.				
		3 Year Annual Program Budget – the amount of District funds that are being requested to support the initiative. The maximum amount to be granted is \$10,000 per year. Budget should identify the personnel, supplies, services and travel costs needed to support the initiative. A 10% reserve shall also be included for unanticipated expenditures.		
	2.	List any contributors from outside the District.		
	3.	List any expected In-kind contributions (non-monetary donated goods and professional services).		
	4.	Describe if and how the initiative will use volunteers and unpaid personnel within a typical 12-month time period. Include an estimated number of volunteers and hours.		
	5.	Explanation of items in financial attachments, if applicable.		

## Other Attachments

- ☐ 6. Describe the challenges and opportunities facing the initiative in the next three to five years. Additionally, describe how the proposer engages in planning and describe the focus of any current planning efforts.
- ☐ 7. List and signature of a minimum of three employees who support the proposal as well as one Building Administrator who will serve as the program/activity administrator.

## **INITIATIVE REQUEST FORM**

Name of Person or Team Requesting Funds:						
School or Department:						
	_					
Phone:	Fax:					
Name of Building/Program Adı	ninistrator:					
Phone:	Email:					
Grant Request Information	1					
Name of Initiative:	Amount of Request: \$					
<ul><li>Program or Project Support Name of Program or Project:</li></ul>						
Describe what the grant will be Provide a summary of the plan to	e used for: or the program or project request. Include the issue					
	pals and objectives, activities, and timeline.					

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

SIGNATURE-INITIATIVE PROPOSER	Date
SIGNATURE-INITIATIVE SUPPORTER	Date
SIGNATURE-INITIATIVE SUPPORTER	Date
SIGNATURE-INITIATIVE SUPPORTER	Date
SIGNATURE-BUILDING/PROGRAM ADMINISTRATOR	Date