



## **ELIZABETH EDUCATION FOUNDATION 2017-18 GRANT APPLICATION FORM**

The Elizabeth Education Foundation (EEF) is again pleased to announce that a grant program will be implemented during the 2017-18 school year. Grants will be awarded up to a maximum value of \$500. All teaching personnel of the Elizabeth C-1 School District are encouraged to participate in the grant application process. Funds must be used to enhance the teaching/classroom environment. *Funds will not be awarded for administrative, consumable, non-teaching purposes and computer hardware.*

Please make note of the following application guidelines:

- 1) All 2017-2018 applications must be submitted electronically using this form prior to due date. Please submit to [info@elizabethef.org](mailto:info@elizabethef.org). Late applications will not be accepted.
- 2) All applications must include supporting documentation for the purchase request. ***Please research for the best price and if purchasing through Amazon, please purchase through Smile.Amazon.com, selecting the EEF for the donation.***
- 3) Please note if shipping charges are to be included in the cost of the purchase.
- 4) The EEF will match funds up to \$500 for purchases over our limit. Requester's matching funds must be in place at the time of grant award.
- 5) Once awarded, proof of purchase is required within 45 days to receive funding.
- 6) All items purchased from grants provided by the Elizabeth Education Foundation remain property of the awarded school.

Please complete the following questionnaire and return it electronically to the EEF by October 31, 2017. Applications will be reviewed and grant awards made by December 11, 2017. If you have questions regarding the questionnaire and/or the grant process, please contact us at [info@elizabethef.org](mailto:info@elizabethef.org). Thank you.

# Thank you for your interest in the Elizabeth Education Foundation's grant program!

## 2017-2018 Grant Application Form

**Must be submitted to [info@elizabethef.org](mailto:info@elizabethef.org) by October 31, 2017**

Name: \_\_\_\_\_

School:   Preschool       RCE       SHE       Legacy       EMS       EHS       FHS

Grade(s): \_\_\_\_\_ Email address: \_\_\_\_\_

**What are you requesting?**

**How much does it cost?** \$ \_\_\_\_\_ *(Please provide any supporting details such as websites, brochures, cost estimates, etc.) If purchasing through Amazon, please use Amazon Smile and select the EEF for the donation.*

**Who will benefit from this grant?** *(Number and type(s) of students and teachers, etc.)*

**How long will it be used for?** *(One time, annual subscription, etc.)*

**What programs and/or activities are you currently implementing that would be enhanced by this grant?**

**Are additional funds needed for this item?** **Y\_\_N\_\_** **Are additional/matching funds in place and by whom?**

**What are your expected results from the application of grant funds?**

**How would you define and measure the success of your project?**

**Would you be able to share results of your project with the EEF?** **Y\_\_N\_\_**  
**What is your expected timeline for doing so?**

**Are you aware and/or currently utilizing the EEF's grocery card program which provides funding for these grants? Y\_\_\_N\_\_\_**