

**Conway Public Schools Foundation  
Classroom Impact Grant  
Cover Sheet**

Next School Year:

\_\_\_\_\_ **Grant #**

Name of Applicant:

Project Title:

Academic Focus Area:

Grade Level(s) Targeted:

E-mail Address:

School Phone:

Personal Phone or Cell Phone:

Is this a team proposal?    Yes    No                    (If Yes, list team members below.)

Project Leader and Job Title:

Member 2:

Member 3:

Member 4:

NOTE: All team communication will be through the Project Leader.

I meet the eligibility requirements of this application and agree to all grant guidelines and deadlines.

I understand that the decisions of the grant committee are final.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

Joel Dean's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Only required for technology-related items)

These signatures verify that this application had been approved for submission to the Conway Public Schools Foundation.

**NOTE:** Grant reviews are anonymous. This cover sheet will not be included as part of the actual selection process by the Conway Public Schools Foundation Board and Grant Selection Committee. Consideration of your request will be based entirely on your proposal.

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Classroom Impact Grant**

\_\_\_\_\_ Grant #

Next School Year:

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<b>Check One:</b>	<b>Elementary</b>	<b>Middle</b>	<b>Junior High</b>	<b>High School</b>
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Title of Proposed Project:

Number of Students Involved:

Grade level(s):

Application Type:    **Individual**

**Team**

Implementation Date:

Completion Date:

Total Amount of Request:  
**(not to exceed \$750)**

Date of Proposal:

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**MINI-GRANT PROJECT DESCRIPTION**

*(If you need more room, please attach a separate sheet.)*

**A. NARRATIVE DESCRIPTION**

1. What unmet need related to the curriculum is this project addressing?

2. Describe the specific activities and timeline of your project.

3. What are the project goals and what is the outcome you hope to achieve as a result of this project?

4. Identify the Arkansas Standards which are met by this grant proposal.

5. Complete the attached budget. Budget items should clearly connect to the activities of the proposed project. Budget total cannot exceed \$750.

**B. EVALUATION INFORMATION**

1. How will you determine if your project has been successful and/or has had an impact?

2. What evaluation criteria will be used to show successful impact on student achievement?

# Grant Application Budget Information

Next School Year:

Project Title:

*Prioritize your budget request.*

Budget information should be obtained from current vendor catalogs or through price quotes. You may use the vendor of your choice. Technology requests and vendors must be approved by Joel Dean. Please include shipping and handling.

**All items must be purchased with a school Purchase Order.**

Vendor	Item Description	Item Cost	Quantity	Item Cost X Quantity	Shipping & Handling	Tax	Cost
<b>Total Cost</b>							