



PHEF Grant Signature Page

(hard copy of this page to be signed and returned to PHEF)

PROJECT TITLE: _____

APPLICANT(S) NAME: _____ POSITION/TITLE: _____

EMAIL: _____ PHONE: _____

BRIEF PROJECT PURPOSE (100 words or less):

I have received permission from my school principal to seek funding for this project (required)

Principal Signature

Date

If applicable, I have received permission from the IT Department

Technology Department

Date

For School Approved Clubs, I have received permission/support from a PHSD teacher (Required)

PHSD Teacher

Date

IF FUNDS ARE AWARDED BY PHEF, I AGREE

- That all items purchased with grant funds will become the property of the PHSD.
- To submit a project evaluation report, including photos to PHEF within 45 days of completion and prior to seeking future grant requests.
- To return any unexpended funds to the PHEF upon completion of the project or no later than June 30th of the year you received funding.
- Inform PHEF in writing of changes to the project listed above.
- Expend these funds only on items described in the proposed budget to accomplish the objectives described in this application.

Signature of Applicant(s)

Date

PROJECT TITLE: _____



INNOVATIVE TEACHER GRANTS

541-736-0499 | [www. Phillfoundation.org](http://www.Phillfoundation.org)

FACTORS CONSIDERED FOR FUNDING DETERMINATION:

- Prior funding for teacher and / or school
- Submission of grant funding assessment for past projects
- Completed application **MUST** be typed using this form
- Grant objective narrative in bullet format and with an implementation plan and timeline
- Description of how the project/program/tool is linked to your school or the District’s improvement plan
- If the project is research based and includes best practices in teaching/learning
- Number of students impacted
- Originality, innovation, and potential for impacting student motivation

Submit completed grant via email to:
foundation@phillfoundation.org

We thank you for your commitment to the success of every child at PHSD and are honored to support you!

PROJECT TITLE: _____

BRIEF PROJECT PURPOSE (100 words or less):

Total Funding Amount Requested: \$ _____ Total Overall Project Cost: \$ _____

Grade Level of Students Involved: _____

of Students Impacted by Project: _____

Check One: _____ New Program _____ Currently Funded Program

Have you previously received fund for this project from the school district? _____ Yes _____ No

If YES, please describe the amount \$ _____ and when _____

Project Timeline Considerations

List activities and timeline

Project Description

Start by describing your project. Think of this as describing your work to someone who knows nothing about this work. What would you do with grant funds. How is it innovative?

Rationale

Tell us why this project is important for those you serve, describe the area of student achievement you wish to address and give any data that support the need. Please include how this grant addresses district and campus goals.

Anticipated Results

Tell us how you are defining success for this project. How will you measure it? How will you share your program's success with your peers?

PARTNERS: Identify any school and/or community partners involved in the project and their respective roles.

SUSTAINABILITY: If funded, how will you continue the program/project in the future? What will be recurring costs? How will this program/project be funded in the future?

BUDGET: Note the budget distribution for each category. Be specific. Please round up to the nearest dollar.

BUDGET NARRATIVE	AMOUNT	VENDOR
Total		