Spooner Education Foundation Grant Requests 2018

The Spooner Education Foundation, Inc. (SEF) is a non-profit corporation whose purpose is to generate financial support and other resources to enhance and enrich the educational opportunities of students in the School District of Spooner. The Foundation seeks to promote excellence in education by using private revenue to support areas of education that are not typically funded by a school's operating budget.

AREAS OF FOCUS FOR GRANTS

Program Innovation: creative and innovative educational programs
Technology and Learning: projects and programs designed to promote and maintain use of the most recent technologies in teaching and learning
Corporate/Civic/Community Involvement: interaction of business, civic, and community representatives with teachers and students for educational improvements

School District of Spooner administration, faculty/staff, and students are eligible to submit a grant request.

Grant applications should be submitted by June 30th

Options for submitting a grant application:

a) mail a paper application to Spooner Education Foundation Attn: Karen Slaminski PO Box 524 Spooner, WI 54801
b) email a PDF of this application to <u>KSlaminski@ahmcpa.com</u>

Applications will be reviewed on a competitive basis by the SEF Awards Committee. In May, applicants are asked to meet with grant committee members. Applicants are highly encouraged to attend the meeting to explain details of the grant request and to answer any questions that the committee may have. Applications submitted by June 30th will be reviewed in the following weeks and individuals will be contacted for a meeting time shortly thereafter. The meetings will take place at the accounting firm of Anderson, Hager and Moe. The SEF Awards Committee members make recommendations to the SEF Board of Directors, which will result in a final decision on grant awards prior to the beginning of the school year.

Project /Program Title

Name(s) of applicants *First and Last Names are needed

Name and email address for the person attending the review process:

Phone number for the person attending the review process:

By applying for this grant, you are representing Spooner Area School District as a: (please check one) Student K-4

Student 5-8

Student 9-12

Licensed staff (teachers, counselors, psych, nurse, etc.)

Classified staff (clerical, custodians, food service, etc.)

District or school leader

Overview of the project:

Describe the beneficiaries. *Include the # of students, grade level, content area, etc.

What are the intended outcomes of the project/program? Include specific statements for students, staff, community, learning environment, etc. such as "Students will..."

Why is this project needed?

Amount of funds requested and the breakdown of how funds will be spent:

Total cost of project/program (if different than amount requested) *If there are other funds matching the grant support, please include that information.

Are there reoccurring expenses?

Are there any other funding options?

Has the proposed project/program been funded or requested before? *If yes, provide additional information.

In an effort not to duplicate resources, please have an SASD administrator review your grant for possible funding or matching funds available. Please indicate whom you have checked with:

- ____Business Manager
- Director of SpEd
- Principal (must also check with a District Office Leader)
- Superintendent

SEF may not be able to fund all grant requests. Therefore, upon review, all requests will be categorized as follows:

- 1. Immediate approval. Request to be funded.
- 2. Funding deferred until adequate money is available.
- 3. SEF does not wish to fund request at this time.

Thank you for taking the time and effort to submit this application. You are taking extra effort to improve Spooner education, and we applaud that effort. We will let applicants know of the review process meeting date as soon as it is set.