

Mini Grant Application



BAKERSFIELD CITY SCHOOL DISTRICT EDUCATION FOUNDATION

MINI-GRANT

APPLICANT INFORMATION

Please type your application on this page or reproduce the application of equal length on computer. Please prepare proposals in a minimum of 11-point type. All handwritten applications will be rejected. Applicant is defined as any staff member who has daily and direct interactions with students.

Applicant (First Name, Last Name): _____

Position: _____ Home phone: _____

Home Address: _____

School: _____

SUBMISSION

Applications must be received by (check one):

- () Back to School – (No later than 4:30 P.M. on Friday, 1st week in June)
() Spring – (No later than 4:30 P.M. on the Friday, 1st week in December)

BCSD Education Foundation
c/o Business Services
1300 Baker Street
Bakersfield, CA 93305

Additional information, attachments, or other supporting materials will not be accepted. Applications exceeding this two-page form will be disqualified.

Originals Only. Faxes/Copies/Emails will not be accepted.

Need Help? Please call Latonya Thompson at 631-4678.

CERTIFICATIONS

I certify that the proposed project will integrate into the core curriculum and align with standards.

Signature of applicant _____ Date _____

I certify that the applying teacher is employed by my school that I am aware of his /her project and that I will provide the support necessary to allow the project to take place in a timely fashion.

Signature of Principal _____ Date _____

Note: If awarded, Back to School funds are to be used by December 31st and Spring funds are to be used by April 30th of the same year they are awarded. If funds are not used within time period specified, they will be returned to the Foundation. See General Guidelines for information regarding staff members transferring to another site. All applications must be typed, not handwritten.

PROJECT INFORMATION

Project Title (brief): _____

Project Subject Area: _____ CA State Standard: _____

Project Grade(s): _____ No. of Students Involved: _____

Project Start Date: _____ End Date: _____

Please describe the following in the space provided:

- Student Learning Objectives:

- Methods of Instruction:

- Method of Evaluation including related CA Standards:

- Project Timeline:

BUDGET

Funds will cover books, supplies, dues/memberships, and equipment. Budget will not cover consultant fees, extra pay, substitutes, classified extra pay, employment tax, and travel/conference.

List items to be purchased and their costs. Combine like items so that there are no more than four categories.

Description	Amount	Vendor
1.	\$	
2.	\$	
3.	\$	
4.	\$	
TOTAL REQUESTED (\$100 minimum - \$1,000 maximum)	\$	

How will the hands-on material(s) listed in the budget above be used?