



Watertown-Mayer

EDUCATION FOUNDATION

Enhancing Education Through Community Support

TEACHER INNOVATION AND SPEIKERS GRANT APPLICATION FORM

This application is for the School Year 2024-25. You may apply for Teacher Innovation Grants or The Lucy & Fred Speikers "Special Needs" Grant on this form. All applications must be submitted by the next WMEF Board Meeting.

APPLICATION DEADLINE	GRANTS ANNOUNCED	AMOUNT AVAILABLE	FINAL REPORT DUE DATE
TBD	TBD	TBD	TBD

Project Title : _____

Name of School: _____

Dept and Grade Level: _____

Amount Requested: _____

Type of Grant: (select one) _____ Teacher Innovation Grant
_____ Speiker's Special Needs Grant (must meet specified criteria stated on pg. 1)

Program/project will begin (date) _____ and end on (date) _____

Check one: _____ New program _____ Existing Program

Applicant Name _____	Applicant Position _____
Email _____	Contact phone number _____

If more than one applicant, all other co-applicants should be listed below:

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1001 Highway 25 NW Watertown, MN 55388 612.516.3434 wmeducationfoundation@wm.k12.mn.us

www.wm.k12.mn.us/wmef



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SIGNATURE PAGE

PROJECT TITLE: _____

Applicant's/Primary Contact's Signature _____ **Date** _____

Principal Signature (required) _____ **Date** _____

By signing this application the principal is indicating that the applicant is certified, licensed and working as a classroom teacher, counselor, special services professional, administrative professional, social worker, psychologist or nurse. The principal is also indicating support for the proposed project.

Principal Comments (if any):

INSTRUCTIONAL TECHNOLOGY STAFF: _____

Grants with hardware/software funding requests require IT Director's prior approval.

SPECIAL EDUCATION: _____

If applicable, by signing this application the Special Education Director is indicating that the applicant is certified, licensed and working as a special services professional and that you are also indicating support for the proposed project.

Be sure to include all 4 sections:

1. Title/Application page
2. Signature page
3. Project Details and Description

Return signed, completed proposals by Feb. 13, 2025 no later than 3:00 p.m. to:

Pat Hittle Niermann

wmeducationfoundation@wm.k12.mn.us

Questions? Call Pat at 763-232-9871

Note: Applications submitted after this date and time will be returned.



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PROJECT DETAILS AND DESCRIPTION

PROJECT TITLE: _____

SHOW YOUR PASSION!

The Committee wants to understand how this project will inspire your students.

• **Project/Activity Description:** Provide a short description of your request.

• **Benefit to Students:** How many students will be impacted and how will they benefit from this experience?

Budget Proposal

Describe the anticipated budget for your project. The budget should not include things that are normally in the district's general operating budget. You can request any amount up to \$500. A higher award may be granted, at the discretion of the board. If your project costs more than can be funded by the grant, please indicate other sources of funding. Grants are not intended to pay for staff salary or stipends. In some instances specialized training directly related to the proposed project may be eligible. Equipment and other non- consumable items become the property of the school district, not the personal property of the grant recipient. (If you need more room, add a separate sheet.)

Supplies/Materials	Priority (High to Low)	Purpose	Amount

School Year 2023/2024 Grant funding request (maximum TBD)TOTAL: \$ _____

Other source(s) of funding: _____

Amount expected from other sources \$ _____

TOTAL COST OF PROJECT: \$ _____

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