



# EFW Grant Application

**DEADLINE: February 5, 2018, 4:30 p.m.**

For EFW Use Only. Grant Number: \_\_\_\_\_  
*This page will be removed after an EFW grant coordinator assigns a number.*

SEP

**Project Title:**

**School or Location:**

**Primary Grant Coordinators:** List only the two primary grant contacts even if multiple staff members are involved.

**Applicant 1:** \_\_\_\_\_  
(Signature) (Name Printed)

**Applicant 2:** \_\_\_\_\_  
(Signature) (Name Printed)

*(The EFW keeps track of how the grant money is used and how many students benefit from each grant that is awarded. Therefore, in agreement with your acceptance of grant money, your signature indicates that you are agreeing to write an end-of-the-year report and to fill out a 3-year-implementation survey.) Failure to send this required information to the EFW may impact any consideration an individual staff member will receive for a future grant.*

**Applicant 1:** Home Address:

School Phone: (414)

**Applicant 2:** Home Address:

School Phone: (414)

**Date:**

Return completed application in sealed envelope by 4:30 PM on February 5, 2018 to:

**Education Foundation of Wauwatosa, Inc.**  
P.O. Box 13022  
Wauwatosa WI 53213

OR **Attn: Kristin Flierl**  
kristin@tosaefw.org  
Fisher Building, 12121 W. North Ave.



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EFW Use Only. Grant Number: \_\_\_\_\_

**Project Title:**

**School(s):**

**Total Amount Requested:**

**General Category of Items to Be Purchased:**

**Target Group:**

**Signatures of All Involved Principals:**

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**Signatures of All Library and/or Technology Directors (if needed)**

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*(Principals and Directors – thank you for participating in the EFW grant process. Your signature indicates your acknowledgement that this project will meet the appropriate grade level content standards and benchmarks of the Wauwatosa School District and you agree the quality of this grant reflects your school writing standards.)*

*True to the mission of the Education Foundation of Wauwatosa, grants will be assessed on their innovation, potential opportunity expansion, and educational excellence. Please answer the following questions (note, past grants have been 4 to 10 pages):*

### ***Innovation:***

**PROJECT DESCRIPTION:** Briefly explain the proposed project including educational goals and learning objectives.

**INITIATIVE:** Explain why this grant will bring something innovative, or new, into the classroom setting.

**ENRICHMENT:** How will the project fill a gap or need in student learning that currently exists.

### ***Excellence:***

**INSTRUCTIONAL PROCEDURES:** State specific instructional procedures you will use to implement your grant. Share a sample lesson plan or a project that demonstrates how you will use the items you will purchase.

**ASSESSMENT:** Explain how you will quantitatively assess the learning objectives for this project.

### ***Opportunities:***

**POTENTIAL IMPACT:** Explain the scope of your project. How many students will be influenced by this grant? Will the grant impact students with multiple learning styles?

**TIMELINE AND ITEMS REQUESTED:** List each item and the amount of each item that you will purchase. Use the lowest available prices. Include the names of the vendors you plan to use. Be as specific as possible. Include a detailed timeline for implementation of the project.

**ADDITIONAL INFORMATION:** If you have additional information please feel free to include it.

*Before submitting this grant application, check it to be sure that you have not included your name(s) anywhere within.*

*Revisions to this application after the grant deadline are prohibited.*



To the Grant Writer: Please read the following page, so you are clear about the importance of the review of the administrators of the Wauwatosa School District.

FOR DISTRICT USE ONLY

SEP

This grant will be evaluated to ensure that it conforms to the standards and benchmarks of the Wauwatosa School District. AND if this grant also pertains to technology and the purchase of hardware or software, it will also be evaluated to ensure that it is compatible with the current technological capabilities of the district.

My signature is my acknowledgement that I have read the grant.

Any of the following signatures are acceptable:

- Signature of the Teaching and Learning Director of Curriculum & Instruction.
• Signature of the Teaching and Learning Director of Student Services.
• Signature of one of the following supervisors: Elementary Education, Secondary Education, Inclusion and Student Services, Special Education and Compliance.

And if applicable, Signature of the District Technology Coordinator.

Please note any comments that you have about this grant with the understanding that these comments will be shared with the EFW Board prior to the grant process. The EFW will have the final approval for all grants.

Notes to the administrator reading this grant:

1. The grant writer will not be allowed to make revisions to his/her application after the grant deadline.
2. You are NOT assessing this grant in regard to innovation, enrichment or impact on students.

Name of Grant:
Grant Number: School or Location: Amount:

Comments about the Grant:

Signature:

Title:

Signature of Technology Coordinator (if applicable):

Please use the document in spreadsheet format entitled, *Spreadsheet for Administrative Review* to help you organize and record your comments about all the grants to be reviewed this year.