**Moreland Education Foundation**

**Innovation Grant Application**

Thank you for your interest in an MEF Innovation Grant. Please submit application to:

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| **Mail:** | Moreland Educational FoundationPO Box 110190Campbell, CA 95011-0190 |
| **Email:** | smallgrants@mefhome.org |
| **Questions? Phone** | Punum Navalgurd 408-203-2037 |

The MEF Innovation Grants program aims to support innovative and creative approaches to education in all areas of learning and student enrichment. Projects can fall into one or more categories: Project Based Learning Initiatives, educational enrichment, staff development, school climate enrichment and parent education. Grants are available to teachers, administrators and parents. Ideally, the small grants program will identify programs that once established successfully can be sustained and modeled by others in Moreland. MEF funded programs should enhance existing curriculum or pilot innovative programs, but should not apply to items that should be met by the school district. Grant applications will be evaluated on several criteria including: the extent to which the project enriches educational experience, challenges students, provides teacher or parent enrichment that will translate to students in a meaningful way, shows creativity and innovation, has realistic objectives and reaches a significant number of students.

**Applications must be submitted no later than one week prior to the MEF board meeting that will consider the grant. Meeting dates are posted at mefhome.org and are typically the first Monday of the month. We encourage applicants to attend the meeting to give a brief (less than 10 min) presentation of their request.**

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| **General Information** |
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| School Name: |  Click here to enter text. |
| School Address: |  Click here to enter text. |
|  |  Click here to enter text. |
| School Phone: |  Click here to enter text. |

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| Contact Name: |  Click here to enter text. |
| Contact Title: |  Click here to enter text. |
| Contact Email: |  Click here to enter text. |
| Contact Phone: |  Click here to enter text. |

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| **Administrative Support** |
| **Has the Principal or other school site administrator reviewed this application?** [ ] **Yes** [ ]  **No** If yes, do they support this grant? [ ] **Yes** [ ]  **No** |
| **Principal/School Administrator:**  | Click here to enter text. |  |
| **Signature:**  | Click here to enter text. |  |

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| **Grant Beneficiaries (select all that apply)** |

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|[ ]  K-5 |  |[ ]  Parents |
|[ ]  Middle School |  |[ ]  Teachers |
|[ ]  Music |  |[ ]  Community |
|[ ]  Physical Education |  |[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Special Needs |  |  |  |

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| **Grant Type (select all that apply)** |

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|[ ]  PBL |  |[ ]  Improving School Climate |
|[ ]  Club |  |[ ]  Parent Education |
|[ ]  Educational Enrichment |  |[ ]  Staff Development |

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| **Purpose of the Grant** |
| **Grant Title:**  | Click here to enter text. |
| **Grant Description:**  | Click here to enter text. |
| **Amount requested:** | $  |
| **Date you need the funds:** |   |

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| **Please provide a description and measurable goals of the grant.**  |
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| **Why is this project needed? We evaluate the strength of a program based on the extent to which it does some or all of the following things:**1. **Enriches educational experience for kids**
2. **Demonstrates innovation or creativity in education**
3. **Fills an unmet educational need**
4. **Increases student, teacher or parent involvement in education**
5. **Provides teacher or parent enrichment that will translate to students in a meaningful way**
6. **Impacts a substantial number of students**

**Please describe how your program will address relevant criteria.** |
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| **Will the proposed grant be used to supplement an existing program?** [ ] **Yes** [ ]  **No** |
| If yes, what added benefit will the grant provide?  |
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**Who will benefit from your project? How many students will your project initially impact?**

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**Does the community support this project? Describe how classroom parents, the home and school club, and/or other teachers have demonstrated support for this project.**

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**Describe how the project will be sustained beyond the grant period and how it provides a model that can be used by other educators.**

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**How will the success of the proposed grant be measured?**

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| **Budget** |

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| **Amount requested:**  | $  | **Break-down your budget request (if applicable):**   |

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| **Will this grant meet all of the expenses necessary to achieve the stated goals?**  [ ] **Yes** [ ]  **No** |
| If not, what is the total funding required? |   |

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| **Have you requested funds from any other source or will the grant be matched?** [ ]  **Yes** [ ]  **No** |
| If yes, from which source? |   |
| Please provide the total amount you will be receiving: | $  |

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| **Will the grant be instrumental in obtaining other funding?** [ ] **Yes** [ ]  **No** |
| If yes, please explain how? |
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| **Duration of the Project** |

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| **What school year(s) will this grant funding cover?** |  |

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| **Spreading Awareness about MEF** |

To ensure the ongoing success of the MEF Small Grants program, it is important to increase awareness of the program among parents and other donors to MEF. After the grant project (or periodically if appropriate) applicants must report back to MEF about the outcomes of the project. Please describe the ways you will be able to promote MEF funding of this project (for example, including a write up in school or teacher newsletter, putting the MEF logo on materials provided, promoting at a PTO meeting, highlighting on the school website or posting a banner at the event). We always appreciate photos and quotes that we can use to tell the community about the programs we support.

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| Print Name of Applicant |  | Date of Application |
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| Signature of Applicant 1 |  |  |