



## **HIGHLANDS DISTRICT 106 EDUCATIONAL FOUNDATION: REQUEST FOR FOUNDATION FUNDING FOR 2017-2018**

Thank you for your interest in applying for a Foundation Funding Grant. The Highlands Educational Foundation is committed to involving the entire community in the enrichment of educational programs at Highlands School.

Our Mission is Enrichment.

- We acquire and distribute financial and other resources to the LaGrange Highlands School District 106.
- We fund activities which extend and enhance the quality of our education.
- We provide student with expanded learning opportunities.

### **IMPORTANT:**

- **Please complete the grant application thoroughly, clearly, and legibly.**
- **Submit the completed form to your principal by Friday, March 17, 2017.**  
(Submissions must be reviewed and approved by your principal.)

*Thank you for your support of  
the Foundation as we, in turn,  
support the educational  
opportunities at Highlands!*

NUMBER: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

**I. Applicant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Number: \_\_\_\_\_

Applicant is (Check One):

- Certified Staff       Support Staff       Administrator       Student  
 Parent       Community Member       Other: \_\_\_\_\_

**II. Grant Submission History**

This is:  A first-time proposal submission       A proposal that has been previously funded \_\_\_ time(s).

**III. Summary Description: Provide a Brief Overview of Your Proposal**

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**IV. Goals**

Describe how your proposal meets the Foundation’s criteria and the ongoing benefit it will bring the District 106 educational community. If applicable, describe how the proposal will help students meet an Illinois Learning Standard(s) and/or a School Improvement Goal.

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**V. Time Schedule for Proposal Implementation**

Starting/Ending Dates or Implementation Timeline:

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**VI. Target Population**

Describe the population that will be impacted by the implementation of this proposal. Please provide an estimate of the number of students who will be affected and at which grade(s) or level(s).

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**VII. Details of the Program**

Describe your proposal. Include the materials and methods that will be utilized. Please attach any explanatory literature, drawings, etc. which will be helpful in understanding the scope of the proposal. Attach additional sheets, if needed:

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**VIII. Indicators of Success**

Describe the indicators or measures that will demonstrate a successful implementation of the proposal:

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**IX. Budget**

<i>Item(s)</i>	<i>Description, As Detailed as Possible</i>	<i>Cost</i>
Consumable Student Materials		
Non-Consumable Student Materials		
Consumable Teacher / Staff / Sponsor Materials		
Non-Consumable Teacher / Staff / Sponsor Materials		
Equipment / Technology NOTE: If this is part of a more comprehensive program of equipment or technology acquisition or part of a program receiving funding from other sources, describe why the Foundation is an appropriate source of funding.		
Teacher / Staff / Sponsor Stipend		
Other Items / Materials		
<b>ESTIMATED TOTAL COST OF PROPOSAL</b>		
<b>SECURED FUNDING TO SUPPORT PROPOSAL, IF ANY (IN-KIND DONATIONS, MATCHING FUNDS, ETC.)</b>		
<b>TOTAL AMOUNT REQUESTED FROM THE FOUNDATION</b>		
If funding for this proposal has been requested from other sources and is pending or if other funding sources have been secured for this proposal in the past, please describe source(s) and amount(s):		

**X. Agreements**

With my signature below, I agree to the following: **IF AWARDED FOUNDATION FUNDING, I WILL...**

- ... implement the proposal according to the plan outlined in this application.
- ... notify the Foundation and administration if there is a need to adjust the proposal.
- ... provide to the Foundation a brief summary report of the proposal's implementation, within a reasonable amount of time following its implementation. The summary will include (a) a brief description of the implementation, (b) successes and results, (c) a picture or video of the proposal in action and, if applicable, student work produced as a result of the implementation, (d) if applicable, student feedback regarding their involvement in the proposal, and (e) optional, any other feedback.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature (signifying review and approval) \_\_\_\_\_ Date: \_\_\_\_\_