***Answer all questions unless otherwise noted.***

**APPLICANT INFORMATION**

Project Manager and school title:

E-mail:

Phone number:

Other team members and school titles (if applicable):

**CAMPUS INFORMATION**

Campus Name:

Address:

Requesting Principal Name:

Principal E-mail:

Phone number:

**PROJECT INFORMATION**

Project Title and brief summary:

Number of Students Impacted by the Project:

Grade Level(s) and Subject(s) involved:

**PROJECT NARRATIVE**

Describe the project and its activities (maximum 300 words):

What are the project’s goals for student outcomes? (maximum 200 words)

How will the project’s success be measured and reported? (maximum 200 words)

What is the project’s instructional and institutional relevance? (maximum 200 words)

What problem or issue will this project address? (maximum 200 words)

How is this project creative and innovative? (maximum 200 words)

What are the target student demographics, and how will the target students benefit from the project? (maximum 200 words)

For Spring 2020 project implementation, list the major activities of your proposed project with approximate target dates (must conclude prior to report due May 22, 2020).

**BUDGET**

1. List each budget item and add lines as needed. Please secure a vendor bid for any item more than $1,000.

|  |  |  |
| --- | --- | --- |
| Description of Budget Items Requested (e.g. contract services, materials/equipment, transportation, etc.) | Partner/Vendor (e.g. Arts Partner, vendor, supply company, etc.) | Cost Amount |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  | | |
| Total Project Cost Amount | *Add the total budget items from above* | $ |
| Total Amount of contributions from other funding sources (provide the list of sources below in section b.) | *Sum the total amount of contributions anticipated from other sources, such as PTA, crowdfunding, Title 1, etc., if any* |  |
| Total amount requested from Harmony Education Foundation | *List the total amount you are requesting from HEF* |  |
| Total Cost per Child | *Divide the total project cost amount by the number of students served* |  |

1. FUNDING SUSTAINABLITY: List other funding sources you have identified to fund this project, if any (Optional).

|  |  |  |
| --- | --- | --- |
| Source | Amount of Request | Funding Status (will apply, applied/pending, approved). |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |

**ATTACHMENT B**

**Please check each box and type your name below to affirm you are aware of the following conditions should you be awarded funding:**

I have read the funding guidelines and FAQs.

I will supply additional program or budget information for this application if needed.

The Principal has approved this application prior to my submission.

I will be responsible for submitting a Final report within 30 days of the project conclusion or by May 30, 2020, whichever comes first.

I am aware that excess funds are subject to being returned to the HEF.

I will follow my campus policies and procedures to access and utilize award funds, including providing the proper receipts or verification.

The decisions of the Harmony Education Foundation Board are final.

**Requesting Principal Signature:**

**Date**

**Requesting Teacher Signature:**

**Date**

*We appreciate your applying for a Classroom Grants Program grant. Please email signed application to* [*grants@harmonyed.org*](mailto:grants@harmonyed.org) *by November 30, 2019*

***Funding decisions will be announced in January, 2020.***