



Grant Application

Name:		Email:	
School(s):	Grade(s):	# Students Impacted:	
If applicable, other STOH staff collaborating on this project:			
Projected Start Date:	Projected Completion:	Total Funds Requested:	
Applicant Signature:			
Principal Signature:			

Please answer the questions below. Your response is not limited to the space provided. Please attach additional information if need be.

1. Describe the gap or need you have identified and are attempting to address with this grant:

2. Provide an overview of the grant:

3. Describe any creative or innovative aspects that you are applying that may provide a new or enriched approach to your students.

4. How will this engage the students?

5. What are the desired goals or outcomes you are attempting to achieve?

6. How do you intend to evaluate the results or achievements?

7. Describe your plans to share your results with colleagues.

Proposed Budget:

<i>Expense Item</i>	<i>Cost</i>	<i>Amount applied to HEF grant</i>	<i>Amount covered by outside sources (if applicable)</i>