Application for Financial Support of a TCUSD Event, Activity, Project or Program

Request and Presentation Requirements

The annual Fall teacher grant process is intended for classroom grant applications by TCUSD employees that do not exceed $500. Any grant requests that exceed that amount, or are being requested outside the grant application window, require a written request and an in person (brief) presentation on the need and expected outcomes of the grant.

TCSF requests that you include a description of the steps or actions that you have taken to attempt getting site or district funds to assist with this grant request. Note that your principal's signature is also an indication that you have requested and exhausted all district avenues for funding.

NOTE: Evidence of grant implementation and original receipts MUST be submitted by the end of the school year. Grant applicants who fail to submit their Evidence of Grant Implementation Report will be ineligible to apply for any type of grant in the next school year.

Requirements:

The attached application MUST be completed by a TCUSD certificated teacher, **NOT a student** and must be signed by all required administrators before an applicant will be able to be placed on the agenda of a future meeting (if an upcoming meeting agenda is full applicants may be asked to present at a later meeting). A scanned copy of the signed application MUST be emailed to tcsfgrants@gmail.com & tcsf4students@gmail.com at least 2 weeks prior to the bimonthly TCSF meeting. The TCSF Grants Coordinator, will contact you to arrange adding you to a meeting agenda where you will be able to give a BRIEF (3-minute max.) oral presentation. We ask that you NOT give a PowerPoint presentation, and instead simply speak orally about the program/project. **We ask that you also bring 16 copies of your signed application (omitting this direction page) to be given to the TCSF Board members at the meeting. Applications that have not been reviewed and supported by the site administration will not be considered.**

- - Please fill out this attached application form directly (DO NOT TYPE ON A SEPARATE DOCUMENT) - -

Application for Financial Support of a TCUSD Event, Activity, Project or Program

1. Application Date:	
2. Personal Title:	
3. Applicant's First Name:	
4. Applicant's Last Name:	
5. Position or Title: **(applicant MUST be a certificated staff member)**	
6. School:	
7. Phone Number: (Please list only ONE primary contact's phone number)	
8. Email: (Please list only ONE primary contact's email address)	
9. Is this a recurring grant request? (If yes, explain why. [NOTE:*** Recurring grant recipients will be required to reapply every two years])	
10. BRIEFLY describe your proposed project in 10 words or less: (e.g. Chromebook for student research)	
11. Please briefly describe the steps or actions that you have taken to attempt getting site or district funds to assist with this grant request. *Note that your principal's signature is also an indication that you have requested and exhausted all district avenues for funding.	
12. If this is intended to benefit a student club or group please list the name of the group/team/club: (Students may help with the presentation but the grant request MUST come from a TCUSD certificated employee, not an administrator.)	
13. Exact Amount Requested in $0.00 format: (Please give a precise dollar amount including all taxes and fees. This is the amount a check would be made out for.)	
14. Payee - Please type the name EXACTLY as it should appear on the check: (Please consider the payee carefully. If the check is to be made out to the applicant directly (if you are planning to purchase through Amazon.com etc.) please type your name. If it is to go	

to the school please indicate that. [NOTE*** Club applications MUST be made out to the school or ASB])	
15. Detailed explanation of the grant request including specific items, purpose and implementation process. An itemized list with costs is needed.	
16. Who will benefit from this project and how will they benefit? Indicate the grade level and number of children who will directly benefit. (This year? Future years?) a. How does this project promote academic excellence and/or enrich student life? b. How does this project represent a unique opportunity for students to learn? c. How does this project promote positive relationships with others or strengthen community ties? d. Does this project test an innovative approach? If so, please describe what makes this project different.	
17. Student Contributions – For all field trips, competitions and student experiences the expectation is that the student(s) and or the school site will contribute towards the overall cost. What portion/percentage of the expenses will the participants/site be paying for? How will they be raising those funds and which specific expenses will they be covering?	
18. Please describe any opportunities within your project for TCSF to be able to raise greater awareness of its mission, such as acknowledgement in announcements, etc.	
19. Are you requesting partial funding of a project? Are there other funding options? (If you are requesting partial funding of a project, how much money do you need for this project? How much do you hope will come from TCSF compared to other sources? What will the funds be used to purchase? How did you estimate the costs of your request? [Note: if you are requesting the purchase of tangible goods, please be sure to include all applicable expenses such as taxes or shipping in your estimated costs.])	

Please initial next to each statement:

_____ I understand that I MUST submit the Evidence of Grant Implementation Report before the end of the school year in which that grant is received.

_____ I understand that all materials received from the grant remain the property of the Temple City School Foundation and must be turned in to my site administrator if I leave the district, change positions etc.

_____ I understand that the grant funds MUST be used for the specific purpose indicated in my grant application and if circumstances change, that the funds cannot be used for another purpose and will be returned to TCSF.

_____	_____	_____
Applicant's Name (PRINT)	Applicant's Signature	Date

APPLICANT MUST BE A TCUSD CERTIFICATED EMPLOYEE

☐ Please initial this box to indicate that you have reviewed this grant request and confirmed with the TCUSD Assistant Superintendent, Educational Services that all district avenues for appropriate funding have been considered and have been exhausted and that this grant would not be funded without TCSF's assistance.

_____	_____	_____
Site Principal's Name (PRINT)	Site Principal's Signature	Date
_____	_____	_____
Asst. Sup., Ed. Services (PRINT)	Asst. Sup. Ed. Services's Signature	Date