

**Educational  
Foundation**

2555 S. State Street  
Ann Arbor, MI 48104

**GRANT APPLICATION FORM**

**FORMS MUST BE TYPED - Please do not staple  
Applications that are illegible or incomplete will not be considered.**

*All members of the Ann Arbor Public Schools community are eligible to enter the competition for a grant award.  
Preference will be given to first time applicants, new projects, and replication projects at other schools.*

**REQUIREMENTS**

- ★ All projects must be supervised by an Ann Arbor Public Schools teacher or principal and have approval of a principal or central administrator.
- ★ All equipment purchased with grant funds becomes the property of the Ann Arbor schools and must be stored and used on district property.
- ★ I/we will be expected to assist with the replication of this project if requested.
- ★ All questions must be answered completely.
- ★ Attendance at year-end reporting meeting.

**GRANT CATEGORY :**

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> General         | <input type="checkbox"/> Burns Park Players       | <input type="checkbox"/> Dahlmann Art |
| <input type="checkbox"/> Marcy Westerman | <input type="checkbox"/> Huron Freeth Family Fund | <input type="checkbox"/> Replication  |

**PROJECT TITLE :** \_\_\_\_\_

**50 WORD SUMMARY OF PROJECT :**

**NAME OF SCHOOL :** \_\_\_\_\_

**SUPERVISING TEACHER'S NAME :** \_\_\_\_\_

Home Address \_\_\_\_\_

Phone (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email \_\_\_\_\_

**APPLICANT'S NAME :** \_\_\_\_\_

*(If not the supervising teacher)*

*If funded, I must document and report results at the end of this project, but no later than the end of the current school year. I will account for all project expenditures and will be responsible for returning unspent funds to the Foundation by June 1, 2007. I agree to credit the AAPS Educational Foundation in any publicity about the project and on all products. I understand no additional funds are available from the Foundation for this project.*

*In the event this project is selected, we (teacher, principal, sponsor, central administrator) agree to follow the Foundation's guidelines for funding.*

\_\_\_\_\_  
Signature of Supervising Teacher \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal/Central Administrator \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Project Sponsor *(if applicable)* \_\_\_\_\_  
Date

**NARRATIVE :**

*Please provide a brief description of the project including: purpose and goals, impact, population and grade levels to be served, the need, where, when will project begin and end? Is this a new project? If not, how was it funded previously?*

**ANTICIPATED RESULTS :**

**PROJECT BUDGET :**

*Budgets must be specific and itemized. List ALL anticipated expenditures.*

**BUDGETS THAT ARE NOT ITEMIZED WILL NOT BE CONSIDERED**

*Attach an additional sheet if necessary*

All equipment purchased with grant funds becomes the property of the Ann Arbor Public Schools and must be stored and used on school district property.

RETURN THIS COMPLETED FORM BY NOON, October 2, 2006 TO:

Ann Arbor Public Schools Educational Foundation  
c/o Norma McCuiston, 2555 S. State Street, Ann Arbor MI 48104