

*A LEGACY OF EXCELLENCE*

**Mendon-Upton**

**EDUCATION FOUNDATION**

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**2024 MUEF ANNUAL GRANT APPLICATION FORM**

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## Deadline for Applications: May 1, 2024

## Notification of awards: June 14, 2024 (for implementation the following school year)

***Please download this application, complete and submit in a single comprehensive document via email to*** ***MUEF@mursd.org*** ***by the deadline.***

**PRIOR APPROVAL FROM SCHOOL PRINCIPAL(S) AND/OR SUPERINTENDENT:**

Project Title:

School(s)/groups targeted for grant (grades, numbers of students, etc.):

Project Leader(s):

Brief Description of Grant Request/Purpose:

**Applicant’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature (s) of Principal(s) and/or Superintendent**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2024 MUEF ANNUAL GRANT APPLICATION FORM**

## Deadline for Applications: May 1, 2024

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Project Title:

Amount of funding requested from MUEF:

School(s)/groups targeted for grant (grades, numbers of students, etc.):

Project Leader(s):

How many years have you been a teacher in MURSD?

Applicant name(s) and association with school(s):

Mailing Address:

E-Mail Address: Daytime Phone: Evening Phone:

*I accept responsibility for the accuracy of the information on this application. I understand that should my application be funded by the Mendon-Upton Education Foundation, I am obligated to provide a poster presentation about my project at the Mendon-Upton Fall Celebration of Teaching and Learning, and submit a written evaluation which includes receipts. I understand that all materials purchased with these grant funds become the property of the Mendon-Upton Public Schools.*

**Applicant’s Signature**(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments and Signature of **Principal(s) and/or Superintendent**:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments and Signature of the **Director of Technology Services** (if requesting funds for technology equipment)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## *Please address all of the following requirements in your application, providing as much detail as possible.*

1. **Rationale**: demonstrate the need in the district that’s being met, and explain how your approach is innovative. Be specific about the advantages your project offers. Describe why you feel a MUEF grant for the proposed project will help to promote innovation in the district.
2. **Educational goals and objectives**: clearly state what you plan to accomplish with this project.
3. **Alignment**: indicate if the project is related to a specific school or district goal, or curricular standard(s).
4. **Project details**:
	1. detail what will happen, when, where and how the project will be executed.
	2. describe the project’s timeline, including start and completion dates.
	3. describe who will be involved and how many children will be impacted.
5. **Evaluation**: describe how you will measure the impact of your project. These measurements need not be through traditional testing or final projects, although those methods are perfectly acceptable.
6. **Budget:** complete the budget form below.

Please be as specific as possible with your budget information. Use a separate sheet of paper, if necessary. Itemize direct costs, specifying the prices of any equipment and materials to be purchased.***If you plan to purchase technology, please identify the make and model of any hardware requested. Such requests must be reviewed and approved by the School Department’s Director of Technology Services, to ensure compatibility.***

MUEF encourages partnerships with other funders. Please list any other sources of funding you are applying to or which have already granted financial support to your project.

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Project Budget: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total MUEF Funds Requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense Category** | **Amount Requested from MUEF**  | **Amount(s) Requested from Other Sources** | **Total Project Funding** |
| **Materials:** | \_\_\_\_\_\_\_\_\_\_\_\_ | **\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Equipment:** | **\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Other (Specify):** | **\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Costs associated with sharing results with colleagues/community** | **\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** |
| **TOTAL** | **\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** |