



GRANT APPLICATION

Individual or team applications may be submitted

Applicant Name: _____

Name of Grant: Classroom Educational Fund Amount of Grant: _____

Building: _____ Grade/Subject: _____

APPLICATION INSTRUCTIONS

Your grant application should consist of the following:

- Page 1** - A completed copy of this form with signatures
Both signatures are required on this application form to qualify for grant
- Page 2** - Grant description including:
 1. Summary of grant
 2. Details regarding relevance to subject(s) taught
 3. Description of the educational outcome
- Page 3** - Grant Funding Outline - list actual cost in detail
Please see specific funding instructions on page 3

Post Grant Requirements:

Grant recipients will be required to complete the post-grant assessment and provide photos or other materials (videos, thank you letters, art, etc).

Applicant's Signature *Date*

Principal's Signature *Date*

**Return this form by email or inter-school mail to the Foundation Office.
Application must arrive before 4:00pm on Deadline.**

Independence School District Foundation
201 N. Forest Ave ▪ Independence, MO 64050
Phone: 816-521-5300 ▪ Fax: 816-521-5667 ▪ brianna_bolger@idschools.org
Page 1 - Grant Application

Post Award only:

Superintendent Signature: Authorization for Purchase *Date*



GRANT DESCRIPTION: Classroom Educational Fund

Applicant Name: _____

Grant description including:

- Summary of the grant
- Details regarding relevance to subject taught
- Description of the educational outcome



GRANT FUNDING OUTLINE: Classroom Educational Fund

Pricing/Funding Instructions for Electronics:

- * MUST have IT approval before purchase of any technology products
- * Please use Apple website only for pricing on technology items
- * Add \$100 per tech item for Filewave/Security Software and Cover/Case

Pricing Instructions for Amazon Items:

- * Round up the cost of each item (example-if item is \$14.87, round up to \$15)

General Instructions:

- * Include serial numbers and/or inventory numbers where available
- * Some supplies are not vendor specific and will be ordered from approved vendors.

Applicant Name: _____

Item	Number needed	Supplier	Total Amount*
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL GRANT REQUESTED			\$

**Overages of 20% from listed price will be approved*

Equipment & Furniture Request Form

Equipment is defined as an item that will not change its original shape, appearance or character with use and it can be expected to last more than one year with reasonable care and maintenance. In order to charge the current year's budget and receive by June 30th, all requests must be in by March 31st.

Furniture includes, but is not limited to, desks, chairs, file cabinets, bookcases, etc.

Requisition Number	
Equipment/Furniture Item Requested (Approved Furniture listed in Appendix A,B,C)	
Brand, Color, & Item # if known (If different from approved list)	
Quantity Requested	
Dollar Amount per Item	
Total Amount of Request	
Reason for Furniture Purchase	
Budget Code	

Is this an end of the year budget purchase? YES NO Will you accept used furniture? Yes No

Requestor Name: (Requestor Name)	Date:
Principal/Director/Administrator Signature:	Date:
Director of Purchasing & Distribution Signature:	Date:

<i>Purchasing & Distribution Use Only</i>	
<input type="checkbox"/> Approved to be Ordered by Facilities/Purchasing Dept.	<input type="checkbox"/> Approved to be Ordered by Building/Department
<input type="checkbox"/> Denied	Date Ordered:

Request For Technology Purchase

2023-2024

Req #
(entered by Tech Dept.)

Date: _____ Building/School: _____

Request Submitted by: _____
(Name)

Department: _____ Room # _____

Account Code: _____

Vendor: _____

Qty	Part Number	Description	Unit cost	Total Cost

Delivery and Installation Instructions:

Additional instructions:

Subtotal _____
Shipping _____
Total _____

Approved: _____

** Return completed form to District Technology Secretary by inter-office mail, email, or fax (816-521-5602)