

Student Achievement Grant Intake Sheet / Application

INTAKE SHEET

This Intake Sheet is attached ONLY to your original proposal.

Application Deadline: FRIDAY, the first week in April (No later than 4:30 p.m.)

Please send or deliver to: Bakersfield City School District, Education Foundation, c/o Business Services, 1300 Baker Street, Bakersfield, CA 93305. **All applications must be typed, not handwritten. Applicant is defined as any staff member who has daily and direct interactions with students.**

Originals Only. Faxes/Copies/Emails will not be accepted.

School Information

School _____
 School Phone _____ Amount Requested (Round to next dollar figure/no cents) \$ _____
 Project Title (brief) _____
 Principal's Signature _____

Applicant Information

Type of Grant (Please Check One) INDIVIDUAL PARTNER/TEAM

Focus Area (Please Check One)

- | | |
|------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Computers/Technology | <input type="checkbox"/> Humanities/Social Studies |
| <input type="checkbox"/> Counseling/Life Skills | <input type="checkbox"/> Math/Science |
| <input type="checkbox"/> Physical & Health Education | <input type="checkbox"/> English & Language Arts |
| <input type="checkbox"/> Visual & Performing Arts | <input type="checkbox"/> Other _____ |

Contact information of all grant participants (Must be based at a school site):

| | |
|----------|-------------------------------|
| Name | Home Address/Zip/Phone Number |
| Position | Signature |

| | |
|----------|-------------------------------|
| Name | Home Address/Zip/Phone Number |
| Position | Signature |

| | |
|----------|-------------------------------|
| Name | Home Address/Zip/Phone Number |
| Position | Signature |

| For Education Foundation Use Only: | | | | | | |
|-------------------------------------------|-------|-------|------------------------------|----------------------|-------|-------|
| | Yes | No | | Yes | No | |
| Received by deadline | _____ | _____ | Budget Complete | _____ | _____ | |
| Completed Intake Sheet/Signatures | _____ | _____ | Qualified for Review: | _____ | _____ | |
| Page Limit Met | _____ | _____ | | Disqualified: | _____ | _____ |
| All Sections Addressed in Narrative | _____ | _____ | | | | |

COVER SHEET

Individual

Partner/Team

Project Information

Project Title (brief) _____

Grade Level _____ Number of students affected _____

Number of staff/adult participants _____

Amount Requested (Round to next dollar figure/no cents) \$ _____

**Please DO NOT Include Applicant(s), Other Employees of the School
Site, Principal or School name
in text of any part of the proposal.**

Applicant is defined as any staff member who has daily and direct interactions with students.

Proposal Narrative:

1. Need: Briefly explain the need for your proposed project.

2. Goal: State the overall goal of this project and objectives.

3. Methods: State how the project provides an innovative approach and describe project activities.

7. Budget: Complete Budget Justification Sheet

BUDGET JUSTIFICATION Complete the following form. Make sure to tie your grant activities to budget requested items.

UP TO \$2,000 FOR INDIVIDUAL / UP TO \$4,000 FOR PARTNERS. Budget will not cover the following expenses: research, teacher extra pay, substitutes, classified extra pay, employment tax, consultant fees, and travel and conference.

NOTE: All funds must be expended by May 1 of the awarded school year (with final receipts turned in by May 15 of award year).

| <u>Explanation</u> | <u>Amount Requested</u> (Round to dollar figure/no cents) | <u>Vendor</u> |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------|
| Books – List types of books & justify | | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| Supplies – List supplies needed for project | | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| Dues, Memberships | | |
| | \$ | |
| | \$ | |
| Equipment – List equipment needs (i.e. laptop, video camera, Smart Board, LCD Projectors) | | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| Amount Requested – (Must match “Amount Requested” on Intake and Cover Sheets) | | |
| | \$ | |
| In-Kind Contributions (Source: i.e. PTA, Private Donations, Items, etc.) | | |
| | \$ | |
| | \$ | |
| | \$ | |
| TOTAL GRANT AMOUNT | \$ | |