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**What’s Your BIG IDEA?**

WSFEE’s Grant Application

**GRANT SUMMARY**

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| --- |
| DATE:      GRANT TITLE: |

## TYPE OF GRANT:

One-time purchase  Multi-event or ongoing program

Single-event program  Teacher/staff/administrator training

Other (Please explain)

**DISCIPLINE AREA(S) IMPACTED** *(Check all that apply):*

Engineering  Science

Fine arts  Social development

Literacy and language arts  Social studies

Mathematics  Technology

Physical education/health

Other (Please explain)

## HAS THIS IDEA (OR SOMETHING SIMILAR) BEEN DONE IN THE DISTRICT BEFORE?

No

Yes *(Provide year(s), indicate if WSFEE funded it, and briefly describe overall feedback received)*

## HAVE YOU REACHED OUT TO YOUR SCHOOL PRINCIPAL OR AN ADMINISTRATOR ABOUT YOUR IDEA?

No *(If not, please do so as administrative support of potential time/space/staff*

*commitment is critical to implementation success)*

Yes

Please save this form to your computer. Please email your completed application and any supporting materials to [**grants@wsfee.org**](mailto:grants@wsfee.org) or email us with any questions.

**GRANT DETAIL**

**What’s your idea? *(Details are helpful but please keep it to within 250 words)***

**How will your idea unlock a new learning opportunity, address deficiencies, or inspire and engage District 101 students?**

**Who will benefit from your idea?**

***(List the school(s), grade level(s), and approximate number of students)***

**What is the potential for continued benefits after the funding period or for implementing your idea in the future at other District 101 schools or for additional grades?**

# TIMING AND COST

**When will your idea take place? *(If applicable, provide starting and completion dates)***

**How much will your idea cost?**

***(Please provide a detailed budget of estimated expenses to include any registration fees, material costs, maintenance costs, shipping charges, taxes, or educational discounts)***

**If WSFEE cannot fund the entire amount of your idea, are there cost sharing options? *(i.e., District 101, PTO/PTA, other schools****)*

# IMPLEMENTATION

**Who will implement your idea?**

**How will you determine if your idea was a success?**

# ADDITIONAL INFORMATION

Any additional comments or information? *(Email any supporting materials and list below any websites with additional information you would like us to view)*

# APPLICANT INFORMATION

|  |
| --- |
| NAME: |
| HOME PHONE:      CELL PHONE: |
| EMAIL ADDRESS: |
| MY SCHOOL(S): |
| MY ROLE (E.G., PARENT, TEACHER, ETC.): |