

**PROPOSAL FOR FUNDING TO THE WEST IRONDEQUOIT FOUNDATION**

This application must be signed by the applicant’s supervisor/principal and submitted to the office of the Asst. Superintendent for Instruction by February 28.

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

**Person(s) Proposing the Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of Project:**

**(See criteria on page 3) A. Purpose(s)**

**B. Project Target Group:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. Student Learning:** Describe in detail how student learning will benefit from this proposal. What need is addressed? What learning activities will result from it?

**D. Number of students to be served by this project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E. Other:**

**F. Funding:** List the funds required to support this project.

**Description Amount**

**1. Equipment (list each item)**

**2. Supplies**

**3. Renovations**

**4. Other**

**Total:**

If your grant request is for technology or audio visual equipment, please ask the District Media Services Coordinator (336-2967) or the District Director of Technology (336-2976) to review your proposal to ensure that you have listed *all* of the necessary components and found the best pricing to make your project a success.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Media Services Coordinator / Director of Technology signature**

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_

**G.** Explain why funds for this project are not included in the regular budget:

**ADDITIONAL INFORMATION TO SUPPORT PROPOSAL**

**West Irondequoit Foundation**

**Grant Criteria**

Grant proposals to the West Irondequoit Foundation will be evaluated based on the following criteria:

* **A. Proposal is consistent with the purpose of the West Irondequoit Foundation.** It represents an extraordinary expense; one which would not ordinarily be funded through the district’s annual budget.
* **B. Proposal is important.** It aligns closely with stated district academic outcomes and NYS standards.
* **C. Proposal is cost effective,** with respect to the overall cost and number of students served.
* **D. Proposal has potential for transfer of knowledge/application**, such that others are likely to build upon the idea/project, thereby extending its use.
* **E. Proposal demonstrates QUALITY and VALUE.** It has a high likelihood of success, clarity of purpose and/or possesses creativity or cutting edge attributes.

**Process Schedule**

* Submit approved grant request to WICSD (Superintendent’s Office) by

February 28

* Designated district administrator presents proposals to WIF Board at the April meeting.
* WIF Board decides on final funding at May meeting
* Recipients are notified in June.

**Endorsement:** (To be completed by the appropriate Principal/Supervisor)

Explain why this project should/should not be funded by the West Irondequoit Foundation:

Principal’s/Supervisor’s Signature

**Feedback to Requester:**

Approved and forwarded to District Review Committee Rejected and returned to requester

Rejected for:

Signature

Asst. Superintendent for Instruction

Approved and forwarded to WIF Rejected and returned to requester

Rejected for:

Administrator’s Signature / Review Committee

Approved and funded Rejected and returned to requester

Rejected for:

WIF President’s Signature