



North Kingstown Education Foundation
Enrichment Grant for Educational Excellence

WAVE Grant Application

Grant Requests below \$1,000
Funded for the 2020 – 2021 School Year
including Summer 2021

Applications should be submitted to:

E-Mail to: Nkefgrants@gmail.com

Name of WAVE Grant: _____

*(Note: Please save document as: grant title-school-applicant, e.g.: science
(e.g.: Philharmonic Trip-Jane.Doe-Rockwell))*

Applicant(s): _____

Applicant's Position(s): _____

Applicant's School: _____

Applicant's Contact Information: Email Address: _____

Home Phone: _____ School Phone: _____

Cell Phone: _____

Co-applicants (if any): _____

Project Name: _____

Total Funding Request (from **Section VII of this WAVE Grant Application**):

\$ _____

Student population that will benefit from this project in the initial year:

**Does your grant involve a request for new technology
hardware or software? ___ Yes or ___ No**

**IF YES, please complete the required *Technology
Addendum* and include as part of your grant**

Project Overview:

Tell us about your project. Describe how your application provides Creative Innovative approaches to Teaching and Learning. (See Grant Guidelines) Please note if this program has previously been run in your school.

Goals and Objectives:

What are the goals and objectives of the project? Please explain how they are consistent with the NKSD's Strategic Plan and the relevant curricular goals of the school.

Rationale and Collaboration:

Please describe why the program is needed and provide any data you may have and describe any and all collaboration with other teachers, professionals, schools or community resources during the project's design and/or the implementation of the project.

Program Evaluation and Impact:

The mission of the North Kingstown Educational Foundation is to foster a community-wide commitment to strengthening and enhancing the learning environment within our school district.

How will you share results of this grant with colleagues and the community in the hopes of increasing the impact of the whole district? (e.g. Present at a faculty meeting, lead a session at PD day, create a video of class demonstrating the strategies, open classrooms for teacher walkthroughs, etc.)

VII. Budget:

Identify all anticipated costs associated with planning, implementation, and on-going execution of the project. The budget should be reasonable for the proposed project and should be based on sound estimates of anticipated costs. Cost reimbursement will be based on actual costs to implement the project, consistent with the budget below and as supported by proof of expenditures. Reimbursement will not exceed the total amount of grant award.

Itemized Equipment and Materials expenditures

Item – Name of the Item/Material--(include shipping & handling and applicable sale tax)	Amount	Unit Cost	Total Cost

Itemized Services for Equipment and Materials Listed Above

Provider – Manufacturer, Model Number, and Vendor/Distributor Name, and Organization (attach Internet/Catalog info)	Type of Service	Cost

Itemized Consultant/Provider Services

Provider Contact Info (Name, Company)	Type of Service	Cost

Transportation Note: Applicants are required to use the discounted school rate for any necessary busing.

Transporter	Destination	Number of Passengers	Number of Miles	Cost

Total Project Cost: _____

Please attach any invoices, estimates, etc.

VIII. Additional Questions:

a. Will there be additional funding from other sources? Please describe. (“In-kind” contributions, in-district resources/ supplies, community resources, etc.)

b. Are resources needed to continue the work of the project after Foundation funding ends?
 _____ Yes _____ No If yes, please describe how these resources will be obtained.

c. Will you be able to complete the project if only partial funding is available?
 _____ Yes _____ No If yes, please explain how you will redesign the project.

By signing this application, I acknowledge that if awarded a WAVE Grant, I will:

- Implement the proposed project as described herein
- Seek written approval from the NKEF for any significant changes to the focus of the project, including budget changes that are more than 25% of any given item/service procured.
- Notify NKEF in writing if either applicant plans to leave the North Kingstown School District or transfer to a different school within the district before the project is completed; how to restructure the project..
- Complete and return the Project Evaluation Forms for which your WAVE Grant will be reviewed within 2 months
- Accept and acknowledge that all items purchased are the property of the of the NKSD
- Work with NKEF to showcase the project and NKEF grant in the following ways: Community, **Celebration** (providing student testimonials, photographs, posters, videos, participants (with required student release forms), powerpoint, etc. for use by NKEF Board.

_____ Make sure the Principal Comment Page/Principal Approval to Application

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature _____ **Date:** _____
(Insert electronic signature or print name and date)