**TRI-CREEK EDUCATION FOUNDATION, INC.**

19290 Cline Avenue



Lowell, Indiana 46356

219.750.1262

FAX: 219.696.2150

Email: [tcef@tricreek.k12.in.us](mailto:tcef@tricreek.k12.in.us)

[www.t-cef.org](http://www.t-cef.org)

**2022-23 GRANT APPLICATION**

***~COMPLETE ALL PAGES~***

***FOR FOUNDATION USE***

Date Submitted:

Funded?

Grant Number:

Amount Requested:

Amount Awarded:

School:

Project Director: Email:

Position: School:

Preferred Phone:

Other Staff Members Working on This Project:

**PROJECT TITLE:**

AMOUNT REQUESTED:

If you receive partial funding, will you still be able to do this project?

TARGET GROUP:

Number of Students: Subject/Course

Grade Level: Number of Staff Members:

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## GRANT APPLICATION

Please include all of the information requested below. Applications must be in the TCEF school mailbox at the Tri-Creek central office by 4pm on September 26, 2022.

What is the purpose of your project? What do you hope to accomplish with TCEF funding?

Provide a brief narrative of your project and describe the experiences you will provide for students.

Anticipated Dates of Project Activities

|  |  |
| --- | --- |
| Activity | Date |
|  |  |

How will this project be sustainable after the grant funding year? What plans do you have to replicate this project in the future?

What strategy/strategies will you use to assess the impact of your project?

**BUDGET WORKSHEET FOR REQUESTED FUNDS**

**TCEF Competitive Grant Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Category*** | ***Unit Price*** | ***Quantity*** | ***Total*** |
| **Materials & Supplies (list)** |  |  |  |
|  |  |  |  |
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|  |  |  |  |
| *Estimated Shipping & Handling* |  |  |  |
|  |  |  |  |
| **Equipment** |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| *Estimated Shipping & Handling* |  |  |  |
|  |  |  |  |
| **Purchased Services** (tickets, speakers, registrations, etc.) |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| Other Costs |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **GRAND TOTAL REQUESTED** |  |  |  |

**ANTICIPATED INCOME (if applicable) – Include any district funding earmarked for the project.**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Category*** | ***Unit Price*** | ***Quantity*** | ***Total*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL ANTICIPATED INCOME** |  |  |  |

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## GRANT APPLICATION

PRINCIPAL’S COMMENTS ABOUT PROJECT:

**SIGNATURE OF PRINCIPAL:**

**DATE:**

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**SIGNATURE OF PROJECT DIRECTOR:**

**DATE:**

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***PLEASE REVIEW THIS CHECKLIST BEFORE YOU SUBMIT YOUR APPLICATION.***

I have read **Guidelines and Tips for a Successful TCEF Grant Proposal**.

I have checked with my building principal/technology director/curriculum director to see if district funding is available for this project.

I have completed all sections clearly and succinctly.

My principal has commented and signed off on the proposal.

I have submitted a budget, including shipping and handling costs.

I have printed a copy of the proposal, to be submitted to the TCEF mailbox at Tri-Creek’s central office by 4pm on October 3,2022.