



**Educational Enrichment Foundation (EEF)
Mini Grant Application
For
2010-11 School Year**

<i>Official Use Only</i> Grant Round #43 Proposal # Category Funded \$
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Contact Name: _____ Position: _____

Home Address: _____ Zip: _____

Phone: _____ E-Mail: _____

Team Members: _____

School Name: _____

School Address: _____

School Phone: _____ School Fax: _____

Principal Name: _____

Applying for which grant (refer to guidelines)? Please check one:

- | | |
|--|--|
| <input type="checkbox"/> Jacob Eisner Creativity (up to \$500) | <input type="checkbox"/> Library Power Collaboration (up to \$2,500) |
| <input type="checkbox"/> Stocker Foundation Literacy/Fine Arts (up to \$500) | <input type="checkbox"/> Library Power Author Visit (up to \$500) |
| <input type="checkbox"/> Ray Davies Humanitarian (up to \$500) | <input type="checkbox"/> TFCU Diversity (up to \$500) |
| <input type="checkbox"/> EEF General (up to \$1,000) | <input type="checkbox"/> Schwarz Professional Dev (up to \$2,500) |
| <input type="checkbox"/> Ora & Jane Davies Kindergarten (up to \$500) | <input type="checkbox"/> Ward II (up to \$500) |
| <input type="checkbox"/> CAP Environmental (up to \$1,000) | <input type="checkbox"/> Lynn Urquides-Adams Memorial (up to \$600) |

Project Title: _____

(Type responses to the following questions on separate attachment. Limit to no more than 3 pages)

Description:

- What is the goal(s) of this project?
- What will the students learn from this project?

Implementation:

- Describe the steps required to implement the project.
- What is the timeline (start, end, will it continue beyond the grant period)?
- How will you evaluate the success of this project?

Collaboration:

- Describe specific ways, 1) students, 2) parents, 3) community members, 4) professional colleagues, 5) other organizations, 6) your school, and/or applicant(s) will benefit as a result of this project. Also note how many in each collaboration you list will benefit.

APPLICATION DUE DATE: January 14, 2010

Do Not Use TUSD Interschool Mail. Do Not Fax. Mail or Deliver Proposals to:

Educational Enrichment Foundation

3809 E 3rd St

Tucson, AZ 85716

520-325-8688

Shannon@eefucson.org



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BUDGET

Complete the budget with total amounts and with specific amounts being requested from EEF. (Use whole numbers.) It is not a requirement for you to have multiple funding sources for your project; budgeting only with EEF funds will not prejudice EEF's Allocations Committee. If you have, though, raised other funds for your project, please list sources and amounts on a separate page.

Please itemize your budget.

	Total	EEF
Supplies: ¹ _____ _____	_____	_____
Capital Equipment: ² _____ _____	_____	_____
Travel/Field Trips: _____ _____	_____	_____
Services: ³ _____ _____	_____	_____
Fees: _____ _____	_____	_____
Other: _____	_____	_____
Total:	_____	_____

Teacher Signature: _____ Date: _____

Principal Signature: _____ Date: _____

¹Consumable, replenishable ²Reusable ³Example: Guest Speaker

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