



First Community
Foundation Partnership
OF PENNSYLVANIA

_____ SCHOOL DISTRICT

EITC GRANT APPLICATION

APPLICANT(S)

DATE

SCHOOL

PROJECT TITLE

GRADE LEVEL/DEPT.

\$ _____
AMOUNT OF REQUEST

TYPE OF GRANT: Please review the accompanying descriptive information before completing this form.

Please choose one:

Educator-in-Residence Grant

If you are requesting funds for an Educator-In-Residence grant, please provide information about the educator. Include a resume or information brochure, if possible.

Venture Grant

Write a one-paragraph description summarizing the project you are proposing. Please highlight the project; not the items needed to implement the project. List budget items in question 6.

Expected start & completion date: _____

5. Who will benefit from this project?

Number of Students: _____

Number of Teachers: _____

Number of Community Members (if applicable): _____

Additional information:

6. Please provide a project budget. Be sure to include all costs, including lodging, travel, meals, honorarium, etc.

ITEM	SUPPLIER	COST
<i>Example:</i> 6 "Learning to Read" Books	ABC Book Company	\$33.00

7. Do you have any other sources of funding for the project? If yes, please describe.

8. EVALUATION - How will you determine whether your objectives have been achieved? **You will be required to write a one-page evaluation at the conclusion of your project.**

9. Will this project be repeated? If so, how will it be funded in the future?

PLEASE NOTE: Financial report, receipts, and post-evaluation must be returned to the school's Business Office within two weeks of the conclusion of your project. The Business Office will forward this report to the First Community Foundation Partnership of Pennsylvania for their records.

APPLICANT SIGNATURE

DEPT. HEAD SIGNATURE (SECONDARY)

PHONE NUMBER

BUILDING PRINCIPAL SIGNATURE

E-MAIL ADDRESS

SUPERINTENDENT SIGNATURE

Please return your proposal to the Superintendent by _____