



PVSD Foundation
3 Iron Bridge Drive
Collegeville, PA 19426
pv sdfoundation.org

Mission: The Perkiomen Valley School District Foundation is an independent, 501(c)(3) non-profit organization created to encourage excellence by enhancing and enriching the educational opportunities offered to the students of the Perkiomen Valley School District. Our mission is to provide funding for programs that would not otherwise be available through tax dollars or other traditional sources.

TEACHER GRANT APPLICATION

APPLICANT CONTACT INFORMATION

Applicant's Name(s):

Current School Year:

School Name:

School Phone:

Department:

School Email:

PROPOSAL INFORMATION

Proposal Title:

Grade Level(s) Impacted:

Subject Area:

Grant Request Amount:

Number of Students Impacted:

Is the applicant seeking to replicate an existing project or initiative? ___Yes ___No

Does the proposal seek to increase equity in programs or opportunities among buildings in PVSD? ___Yes ___No

Please see page 2

TEACHER GRANT APPLICATION (CONTINUED)

PROJECT DETAILS *(You may type your answers on a separate sheet, if desired.)*

Please describe the educational project that you are proposing. Include the purpose of the project and information about which students and how many students will be affected by the project. Explain how the purpose of the project aligns with the Foundation's mission. (See Mission Statement on page 1).

Explain how the project will enhance and/or enrich the experiences of students. Please be specific in your response.

Provide details regarding the timeline for implementation (should grant funds be awarded), when an impact on students' experiences will be evident, and when the anticipated outcomes for students will become available.

Explain how and when feedback will be provided to the Foundation on the implementation of the project, should a grant be awarded.

Please see page 3

TEACHER GRANT APPLICATION (CONTINUED)

For applicants seeking to replicate a project or initiative occurring elsewhere in the district, please tell us why there is a need for replication in your building or department.

For equity proposals, please provide information about what your building or department needs in order to achieve parity with other buildings or departments within the district that are comparable to your own.

Submit a proposed budget or itemization for the initiative. The budget or itemization should include all anticipated expenses for which you are seeking grant funds.

Please describe other avenues that have been pursued to secure financial support for this project.

Applicant's Signature

Date

Please see page 4

TEACHER GRANT APPLICATION (CONTINUED)

The applicant's Principal and/or the Assistant to the Superintendent must sign the completed application to indicate the District's awareness and support of the project.

Approval Signature (Principal)

Approval Signature (Asst. Superintendent)
