



Friends of the Surprise Libraries, Inc. Grant Application

Please “File Save As” this document

(Recommended name FOL_Grant_School_Name_date)

Friends is focusing on Early Literacy Needs in 2018. This includes Pre-K through Grade 3 and Special Education.

Friends does not issue cash. Items will be purchased and delivered to you at school.

Amount Requested \$ _____

Date prepared _____

Requestor Name _____

Phone contact _____

Best time to call _____

E-mail contact _____

Grade Level(s) Teaching _____

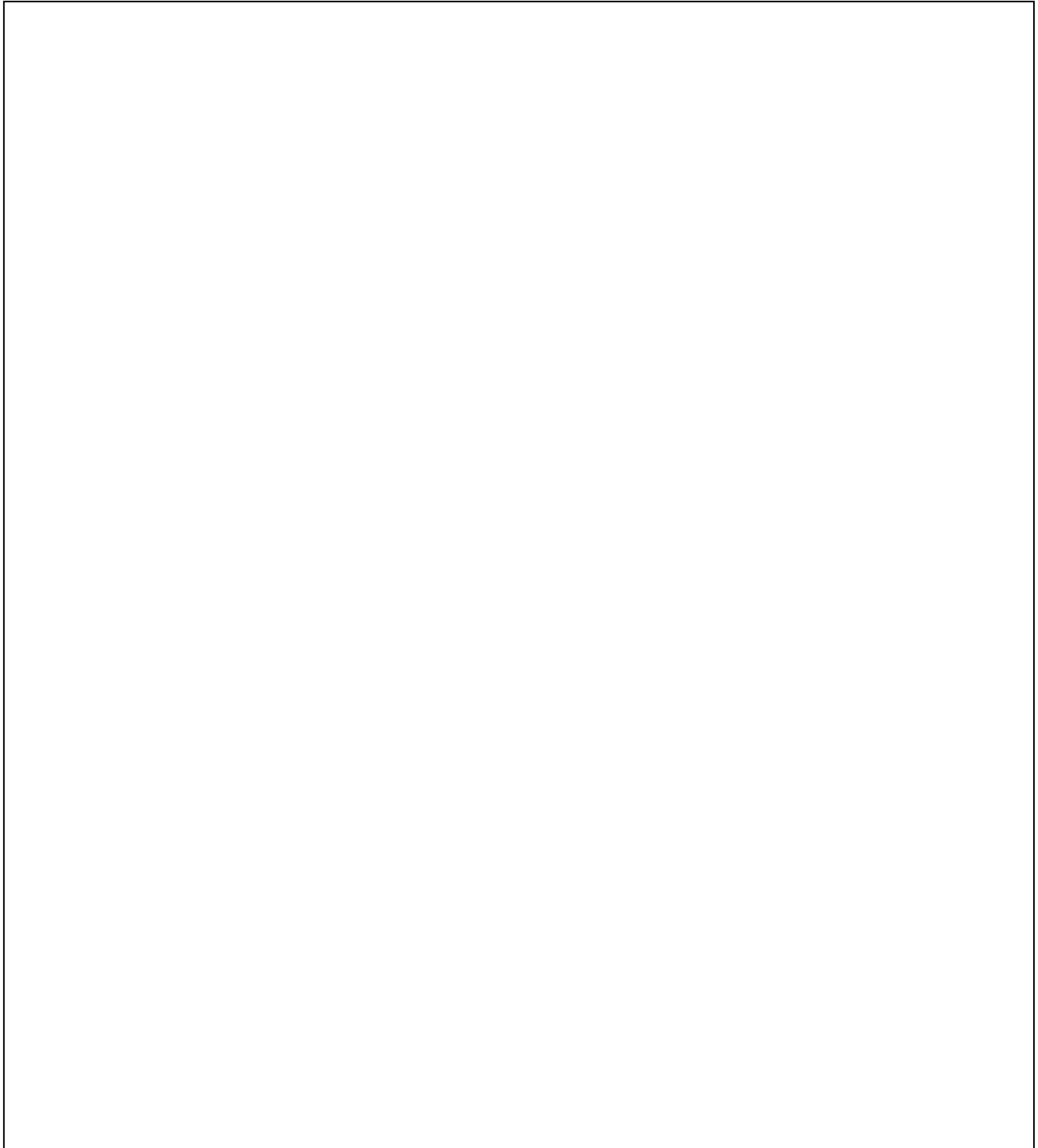
Subject Matter(s) _____

School Name _____

School Address _____

City, Zip _____

Describe what you are requesting. (i.e. exact number and title of books, **a classroom set is not acceptable**) Cost of book or other items. Source where book or other items can be purchased (i.e. Amazon or Scholastic etc). If additional page is needed please add – more detail is better!



How will the item(s) requested be used to improve the literacy of your class? Will the items be checked out to the students? Will these items be able to be used for more than one year? Please be very specific use additional page if needed. What is your expected OUTPUT ? (# of students impacted by these items). What is your expected OUTCOME? (Increased ability # of students to read at grade appropriate Lexile)
Friends will be following up 60 days after delivery on the outcome of the requested items.

Date forwarded to next level of Approval _____

FILESAVE AS this document as this point. Forward the document as an attachment to your next level of approval. You may want to copy yourself to keep track the progress of this request.

Principal Approval of this request is required. Your completion of this section documents your approval

Principal's Name _____

Principal's Phone _____

Principal's e-mail _____

Principal please document how this request supports your Continuing Improvement Plan (please reference your specific CIP as shown on your school's website).

If a technology approval is needed please record code here _____

Please **FILE SAVE AS** – this document and forward the document as an attachment to the next level of Approval. You may wish to copy yourself to track the progress of this request.

Date forwarded to next level of approval. _____

District Approval is needed for this request. District your completion of this document is documentation of approval.

District Representative Approval Date _____

District Approval Name _____

District Approval Title _____

District Approval E-mail _____

Date sent to Friends of the Surprise Libraries Grant Committee _____

Please **FILE SAVE AS** this document at this point. You may wish to copy yourself to keep track of requests in process

Send the entire document with all attachments to
ADMIN@Friendsofthesurpriselibraries.org

Thank you for your grant request. Grants submitted by the end of the month will be submitted to the Grant Committee in the following month. Incomplete applications, or applications without appropriate approvals will be declined.

Friends of the Surprise Libraries Use Only

Presented to Grant committee _____ (date)

Grant Committee decision

Grant Committee recommendation to Board

Date Presented to Board _____

Board Decision or Action

Approved Grant documentation

Purchased _____ (date) *Delivered* _____ (date)