

# **The Gift of Giving Foundation Classroom/PTA/Local Non Profits Grant Guidelines**

We are very pleased to issue an invitation to Shoreline Public School District staff, PTAs, as well as local non profit organizations, to apply for a grant from the Gift of Giving Foundation (heretofore referred to as GGF) to enhance volunteer/community service opportunities for Shoreline Public School District students.

## **GOAL OF THE GRANTS PROGRAM**

To fund local community service projects that create or enhance volunteer/community service experiences for students in the Shoreline Public School District.

## **ELIGIBILITY**

All District staff, PTAs, and local non profits are eligible to apply as long as monies used will create or enhance volunteer opportunities for Shoreline Public School District students.

## **AWARDS**

The anticipated total amount to be awarded grant recipients in the District by the Foundation this academic year is \$8,000. The typical range of grant awards is \$125 to \$500. If the scope of the project changes during operation, GGF must be notified. If any unused granted funds remain at the end of the project, they must be reclaimed by GGF.

## **CRITERIA FOR FUNDING**

Projects must include volunteer opportunities for Shoreline Public School District students. Other criteria that will be considered include:

- Applies learning to the real world (life skills)
- Strengthens relationship between school and community
- impacts a significant number of students
- Promotes racial/cultural understanding
- Demonstrates integration of curriculum

## **GOALS OF THE GGF GRANTS PROGRAM**

- Project creates/enhances volunteer/community service experiences
- Grant application includes a detailed, realistic budget
- Project actively involves students
- Project funding is beyond the financial capabilities of the District
- Books, software or other materials to be purchased are an integral part of the project

## **PROJECT BUDGET**

When applicable, calculate teacher time at \$29/hr; calculate classified time at \$19.19/hr; calculate artist/consultant time not to exceed \$40/hr; indicate whether District printing and transportation services will be used; specify names of out-of-District providers.

## **PROJECT DOCUMENTATION**

- Document your project with photos, video, student work, etc.
- When publicizing your project in any way, acknowledge the GGF (contact us for any P.R. materials you may need)
- Any assessment/model tool used should be submitted with the final project evaluation (tools may include instructional rubric, presentation, student survey, feedback from community, etc.)
- For applications which include funding out-of-District resource personnel, the person(s) must be identified by name and a resume attached to the grant proposal

## **APPLICATION FORMAT/PROCESS**

- Submit 1 original signed by Principal and teacher and **1** copy
- Submit resumes as needed
- Applications must be computer generated or typed, clear and concise

### **Send original application and 1 copy to:**

The Gift of Giving Foundation  
P.O. Box 65139  
Shoreline, WA 98155

## **ACCEPTANCE OF GRANT NOTIFICATION**

You will be notified by phone and/or e-mail within 10 days of receipt of your proposal. As this is our first year in operation, we have no specific time tables set at this time. Therefore applications will be considered on a first come, first served basis.

## **APPLICATION FORM**

Project Title: \_\_\_\_\_

Project Leader: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Participating School(s), PTA(s) or Non Profit(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# of students participating: \_\_\_\_\_

Grade level(s): \_\_\_\_\_

**BRIEFLY DESCRIBE THE PROJECT** in detail, including: how this project is designed to achieve, enhance, support or inspire student volunteer opportunities; where and when it will take place; who will be involved (teacher, students, parents, communities, businesses), etc.

What is your hope for the impact this experience will have on your students?

What area of service will your project target? What is your hope in terms of service provided for recipients or the target audience of this project?

What assessment tool/model will you use to measure the impact of this project?

**ITEMIZED BUDGET**

Item

Amount

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Total Project Cost: \_\_\_\_\_

**NAMES OF OTHER INDIVIDUALS INVOLVED IN THIS PROJECT:**

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**ADMINISTRATOR' S SUPPORT**

I have read this proposal and will support its implementation.  
Administrator's signature:

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Date: \_\_\_\_\_