The Sun Prairie Education Foundation provides funding for educational opportunities twice each academic year. Deadlines are based on the last day of the first and third quarters of the Sun Prairie Schools academic calendar. These grants are available to SPASD staff, educators, community members and anyone wanting to provide extraordinary learning opportunities for Sun Prairie Area School District students.

The Sun Prairie Education Foundation supports grant projects that:

* Support and conform to the Mission of the Sun Prairie Education Foundation

***Inspiring educators to provide extraordinary learning experiences for every child in the Sun Prairie Area School District*.**

* Demonstrate educational innovation
* Promote original and creative ideas
* Are not supported through the annual school budget
* Provide extraordinary learning opportunities that impact **MANY** students
* Address one or more [district academic standards](https://drive.google.com/file/d/1ubFyziQc0Ba187rfiSGrDkV2OE02fne3/view).
* Show collaboration within the school district and/or community

The Sun Prairie Education Foundation grant application process **is not** designed to fund projects the school district provides (i.e. salaries, staff development, uniforms). Generally, the Sun Prairie Education Foundation also does not provide funding for scholarships, furniture and infrastructure, parties and unapproved speakers and/or lecturers.

An application for a grant consideration must meet the following criteria:

* **The grant application must be clearly written, all sections must be complete, including all required signatures (i.e. applicant, building principal, and supporting authorizations to implement this grant, executive director)**
* **Grant requests must be awarded PRIOR to the grant being started**.
* The grant application must be signed and all pages must be returned by the due date.
* The grant recipient agrees to provide pictures and a write up of the grant outcome to the Sun Prairie Education Foundation @ SPEFgrant@gmail.com within 3 months of the completion of the grant.
* Grant recipient will invite SPEF members to be present for the event (when applicable).
* All grants are reviewed by the SPEF grant committee and approved by the SPEF Board before funds are awarded. All determinations are final.

I hereby acknowledge that I have read and understand what is required by me and agree to abide by the requests above.

***Note: Grant recipients agree to provide pictures and brief 1 paragraph summary of the grant before applying for any additional grant(s).***

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

Name (print) Signature Date

For additional information or questions while completing this application, contact Terry Twedell, Grant Committee Chair at (608) 576-3984, or Rebecca Ketelsen at (608) 807-8180.

**NOTE: No grants will be awarded for projects that have already been started or are in progress prior to the grant being awarded (generally at the end of the 1st quarter and end of the 3rd quarter)**

**SECTION A – Identification & Project Information**

|  |  |
| --- | --- |
| Project Name/Title |  |
| Applicant Name |  |
| Position |  |
| School or Organization |  |
| Department/Grade |  |
| Work Phone |  |
| Cell Phone |  |
| Fax (if applicable) |  |
| Email Address |  |
| Application Details |
| Date of Application |  |
| Proposed Dates of Project(Month/Day/Year) | From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Funding Amount Requested | $ |
| IMPORTANT! | In the event SPEF is only able to fund PART of your grant, are you still interested in receiving partial support? (YES/NO) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION B – Description (information below must be specific and detailed)**

1. What are the goals and objectives of the project?
2. What student(s) or student group(s) will participate in and benefit from this project?
3. Describe the project and its proposed activities.
4. Explain how the project is innovative and enriches the educational experience of the target student population.
5. If your project spans multiple years, identify possible funding sources to continue the project in subsequent years.
6. Indicate one individual who will have the principal responsibility for overseeing the activity (i.e. the Project Leader) and any other key individuals who will be involved in supervising or coordinating the project.

|  |  |  |
| --- | --- | --- |
| Participant Name | Phone Number | Email Address |
|  |  |  |
|  |  |  |
|  |  |  |

**If applicable/available, please attach any supporting documentation to this application.**

**SECTION C – Budget (must be completed for funding consideration)**

Provide a **complete** budget for the project. For each budget item, provide a written justification for that item. Attach additional pages as needed.

|  |  |  |
| --- | --- | --- |
| Budget Item | Detailed Information and Justification  | Amount Requested |
| Outside Consultants, Lecturers, etc. |  |  |
| Equipment and Supplies |  |  |
| Transportation and Travel |  |  |
| Other Expenses: (please specify) |  |  |
| Other Expenses: (please specify) |  |  |
| Other Expenses: (please specify) |  |  |
| Other Expenses: (please specify) |  |  |

**Identify all other funding secured or available for funding the project and how the funds will be used. (In addition to those requested from the Sun Prairie Education Foundation)**

|  |  |  |
| --- | --- | --- |
| **Additional Funding Sources** | **How Funds will be used** | **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION D – Names and Signatures**

**By signing below, I hereby acknowledge that I have read and agree to support the implementation of this grant proposal, including vetting outside speakers and/or lecturers.**

|  |
| --- |
| **School District Applications – Names and Required Signatures** |
| **Title** | **Name (print)** | **Signature** |
| Applicant |  |  |
| Additional Applicant (if applicable) |  |  |
| Principal |  |  |
| Curriculum Coordinator **or** Grade Level Chair |  |  |
| **Additional Names/Signatures – This area below is required if support from area(s) listed below will be needed to implement this grant proposal. (Please respond N/A if not applicable)** |
| Support Services  |  |  |
| Computer Services |  |  |
| Technical Education |  |  |
| Building and Grounds |  |  |
| Transportation |  |  |
| Printing |  |  |
| Other (please specify) |  |  |

|  |
| --- |
| **Community Grant Applicants (Organizations or Individuals)** |
| **Title** | **Name (print)** | **Signature** |
| Applicant |  |  |
| Executive Director (if applicable) |  |  |
| Others (please specify) |  |  |
| Others (please specify) |  |  |
| Others (please specify) |  |  |

|  |
| --- |
| **Return the completed application (all pages and supporting documentation) by one of the following means:**1. **Mail to: Sun Prairie Education Foundation, PO Box 836, Sun Prairie 53590**

**OR**1. **E-mail to:** **SPEFgrant@gmail.com**
 |
|  **Updated: 3/17/25** |