

GUTHRIE PUBLIC SCHOOLS

Grants to Teachers Application Identification Form

-For School Administration Use Only-

*This cover page is not to be transferred to the Guthrie Educational Foundation**

Date: _____

Applicant's Name

Home Address

Position Grade Level School Phone

Project Title

Grant Request (\$)

Short Summary Description

Signature of Building Principal (Supervisor)

Applicant's Signature

*This cover page is to be submitted to John Hancock along with the completed application. The attached application will then be given a project number and submitted to the Foundation Trustees without the cover page. The Foundation Trustees will select the grant recipients by project number only and will be informed of the recipient's name after the grant is awarded.

GUTHRIE EDUCATIONAL FOUNDATION GRANT APPLICATION

Project No. _____

for office use only

Submit to:
John Hancock
GPS Administration Office
802 E. Vilas
Guthrie, OK 73044
Phone: 405-282-8900

Grant applications may be sent by email, interoffice mail, or hand delivered to the above address. If sending via interoffice mail, be aware that items sent from your site will not be received at the Admin. Office until the next business day. Please be certain that all applicable questions have been answered so the consideration of your request will not be delayed. If you should have questions concerning this application, please contact Mr. Hancock prior to submission. All applications submitted will be coded in such a way that the trustees will not know the name of the applicant. Grant selections will be made by the Board of Trustees of the Guthrie Educational Foundation. The deadline for grant submission is Friday, February 14, 2025. For this application to be considered it must be received by Mr. Hancock on or before the above date. Late applications will not be considered. **All information MUST BE filled out in its entirety to be considered.**

This request is for: (check one)

Teacher grant

School Site grant

Short Summary Description of Project (auto-filled from front cover)

Total Cost of Project: _____

Requested Amount: _____

Would partial funding be acceptable if the entire grant cannot be funded?

Yes No

Level: (mark the appropriate choice)

Pre-K K-1st 2nd-4th 5th-6th Junior High High School Special Services

Project Title: _____
(To preserve a fair selection process, please include no identifying information regarding school, teachers, or students.)

1. **Description:** Write a detailed description of your project and the reason it is needed (in the space provided).

2. **Need:**
Have you solicited support for your project, equipment, materials, etc. from your school, principal, or district? Please explain.

3. **Method of Instruction**
Explain how your project is different or expand on how this would enhance the current method of instruction in the content area; and how specifically your project is innovative or creative.

4. **Objective**
What measure of success do you expect your students to demonstrate as a direct result of participating in your project?

5. Implementation

a) Present a timeline of implementation. Be specific.

b) Is this a new project or a continuation of a previously funded grant?

_____ New _____ Previous

6. Pupil Involvement: How many students/teachers will be affected by the project?

___1-5 ___6-10 ___11-20 ___21-30 ___31-50 ___51-100 ___Over 101

8. Budget

Attach the project budget with this application. Detail your budget request. Include specific information such as materials and equipment needed, sources of supply and costs. Technology items must include specifications and be District-system compatible.

If the grant is awarded, it is the responsibility of the recipient to coordinate all purchases with the school district; providing copies of all invoices and receipts so funds can be requisitioned by the school to the Foundation.

Item 1: _____	Cost: _____
Item 2: _____	Cost: _____
Item 3: _____	Cost: _____
Item 4: _____	Cost: _____
Item 5: _____	Cost: _____
Item 6: _____	Cost: _____
Item 7: _____	Cost: _____
Item 8: _____	Cost: _____
Item 9: _____	Cost: _____
Item 10: _____	Cost: _____
Total: _____	

Please submit pictures of items or order #s in order of the above detail. If space for additional items is needed, print this page multiple times and label each page. Ex: 1 of 3, 2 of 3, etc. Make sure the total on the last page of item detail is the total of all items.

If chosen for a grant, I will submit to John Hancock 3-5 photos of items received being used by students within 10 school days of receipt of items.