



Foundation 65

Foundation 65 Change Agent Grant Application Form

Applications are due by February 21, 2020 at 5:00 pm to alecia.wartowski@foundation65.org

OR

Foundation 65

PO Box 750

Evanston, IL 60204

1. Name of applicant/contact person:
2. Title:
3. Name of Organization:
4. Address: Email:
Phone number:

For applicants outside of District 65

5. Total organization budget for current year:
6. Is your organization 501c3 tax exempt?
7. Please provide a short description of organization, including mission, background and list of board members (if applicable).

Program/Project Summary

8. Program/Project title:
9. Amount requested: (grants will be rewarded between \$500 and \$3000) _____

10. Schools that this program will serve (check all that apply):

- | | | | |
|--------------------------|---------------|--------------------------|------------|
| <input type="checkbox"/> | Bessie Rhodes | <input type="checkbox"/> | Nichols |
| <input type="checkbox"/> | Chute | <input type="checkbox"/> | Oakton |
| <input type="checkbox"/> | Dawes | <input type="checkbox"/> | Orrington |
| <input type="checkbox"/> | Dewey | <input type="checkbox"/> | Park |
| <input type="checkbox"/> | Haven | <input type="checkbox"/> | Rice |
| <input type="checkbox"/> | King Lab | <input type="checkbox"/> | Walker |
| <input type="checkbox"/> | Kingsley | <input type="checkbox"/> | Willard |
| <input type="checkbox"/> | Lincoln | <input type="checkbox"/> | Washington |
| <input type="checkbox"/> | Lincolnwood | | |

11. Grade levels that this program will serve (check all that apply):

- | | | | |
|--------------------------|-----------------|--------------------------|-----------------|
| <input type="checkbox"/> | Kindergarten | <input type="checkbox"/> | 5 th |
| <input type="checkbox"/> | 1 st | <input type="checkbox"/> | 6 th |
| <input type="checkbox"/> | 2 nd | <input type="checkbox"/> | 7 th |
| <input type="checkbox"/> | 3 rd | <input type="checkbox"/> | 8 th |
| <input type="checkbox"/> | 4 th | | |

12. Number of students this program will serve: _____

13. Describe the program/project. Please identify phases, locations and timeframes of activities.

14. How does this program support literacy or arts for District 65 students?

15. How does this program utilize an equity lens related to race, socioeconomic status, ability, national origin and/or other social identities that have been impacted by disparate educational outcomes?



16. How does it connect with community or families?

17. Are there ways that it could be replicated or expanded in the future?

18. Please include a detailed budget that includes all sources of funding.

Proposed Project/Program Budget		
Items/activity	Amount	Source of funding (if other than F65)
TOTAL:		

19. Names and titles of people involved in project:

Evaluation & Documentation

20. If this grant is funded, how do you believe that it will create change for District 65 students?

21. How will you measure or demonstrate this change?



Questions? Contact Alecia Wartowski: alecia.wartowski@foundation65.org or 847 637-7193

22. If this program continued or expanded over 5 years, what would be different in the lives of District 65 children?

Applicant Signature and Date

Printed Name and Title

SCHOOL PRINCIPAL(S) STATEMENT OF REVIEW AND APPROVAL

As principal of _____ I certify that I have reviewed and approved the content included in this grant application, and I support the project as a potential asset to our instructional efforts. I also certify that I will ensure the collection of measurable outcome data, as appropriate, during the course of the project and the completion and submission of a final report according to the requirements of the Foundation 65 grant program.

Principal(s) or Organizational Designee Signature and Date

Signature(s) of all persons involved in this grant:

Signature

Printed Name and Title

Signature

Printed Name and Title

Signature

Printed Name and Title

