T*ed*. ANNUAL GRANT APPLICATION FORM
DEADLINE FOR APPLICATIONS: **FEBRUARY 12, 2027**

MAIL APPLICATIONS TO:
TANTASQUA EDUCATION FOUNDATION
P.O. BOX 222, FISKDALE, MA 01518

OR

EMAIL APPLICATIONS TO: PRESIDENT@TEDFOUND.ORG

Please consider the following:
*Be clear and concise and only ask for what you need.
*Consider partial funding of your grant.
*Be realistic in the quantity that you ask for.
*The Board favors quality over quantity.
*We have updated our funding process (please refer to our website).

PLEASE WRITE CLEARLY AND LEGIBLY

Project Title: _____

Amount of funding requested from T*ed:* _____

2-5 sentence synopsis of grant:

_____
_____
_____
_____
_____

School(s) targeted for grant: _____

Grade(s) targeted for grant: _____

Grant writers' names and association with schools:

_____
_____
_____

Students who collaborated with this grant: _____

Project Leader/Contact Person (please list only one): _____

Mailing Address: _____

E-Mail Address: _____

Daytime Phone: _____ Evening Phone: _____

I accept responsibility for the accuracy of the information on this application. I understand that should my application be funded by the Tantasqua Education Foundation, I am obligated to provide a poster presentation about my project at the Diamond Brunch and submit a written evaluation which includes receipts. I understand that all materials purchased with these grant funds become the property of the Tantasqua Regional Schools. I further understand that all grant funds not used in the way explicitly stated in the funded application shall be returned forthwith to the Tantasqua Education Foundation.

Applicant's Signature_____ Date _____

After careful review of the grant proposal, a principal's signature is required in each of the principal sections below. If the grant includes any form of technology, the technology director's signature is also required in each of the technology sections below.

PRINCIPAL ATTESTATION	Principal signature required
I have reviewed this grant application and agree that to the best of my knowledge, there is no other funding source available for this proposal	
A summary is included with a timeline and detailed information about replication of this project	
An outline is included showing how this grant is tied to district/state goals	
Expected outcomes are included with a reliable assessment piece	
There is sufficient information about how many students will benefit from this grant and in what ways	
A detailed budget is included	
Safe storage of materials was considered	
TECHNOLOGY DIRECTOR ATTESTATION	Technology Director signature required
I have reviewed this grant application and agree that to the best of my knowledge, there is no other funding source available for this proposal	
The school's technology infrastructure will support this grant	
The proposal includes all technology and support materials necessary to successfully implement this grant	
Safe storage of materials was considered	

PROPOSAL

Please provide detailed typewritten responses to each of the following questions. Do not specifically mention your name or school.

Please give a brief summary of your project, how it will be implemented, and who will be involved. Include:

• aspects of collaboration with colleagues;
• a timeline for project completion;
• whether, to the best of your knowledge, this type of project has been previously funded by another source;
• how this grant will promote innovative learning; and
• whether this project is suitable for replication.

1. Outline the educational goals and objectives.
   • Please indicate if the project is related to a specific school district goal.
   • Cite how the project aligns with the Massachusetts Curriculum Frameworks.

2. What are the expected outcomes?
   • What gap or need will be filled?
   • What type of assessment tools or rubrics will be utilized?

3. Please describe how this grant will benefit to students. DO NOT INDICATE WHICH SCHOOL THIS GRANT WILL BENEFIT.

BUDGET

Please be as specific as possible with your budget information. Use a separate sheet of paper, if necessary. Itemize direct costs, specifying the prices of any equipment and materials to be purchased. ***If you plan to purchase technology, please identify the make and model of any hardware requested. Such requests should be reviewed and approved by the School Department's Director of Technology Services, to ensure compatibility.***

T*ed.* encourages partnerships with other funding sources. Please list any other sources of funding you are applying to or which have already granted financial support to your project.

Project Title:_____

Total Project Budget: $ _____ Total T*ed.* Funds Requested: $ _____

Number of Students Impacted by Grant _____

EXPENSE CATEGORY	AMOUNT REQUESTED FROM T*ed.*	AMOUNT(S) REQUESTED FROM OTHER SOURCES	TOTAL PROJECT FUNDING
MATERIALS			
EQUIPMENT			
OTHER (SPECIFY)			
COSTS ASSOCIATED WITH SHARING RESULTS			