



Riverview Educational Foundation

Helping innovation happen!

Riverview Educational Foundation Grant Program

Submission Deadline: _____

Name: _____ School: _____

Telephone Number: _____ Email: _____

Position and Title: _____

Project Title: _____

This project is designed for: Elementary Jr. High High School Other

Target Grade Levels: _____ Subject Area: _____

Project Duration/Dates: _____

Narrative: Please answer the following:

1. Project/equipment description: Please describe your project/equipment request in as much detail as possible. Be sure to include a brief description of plans and activities for your project or piece of equipment, its purpose, goals, objectives, and how it provides innovative learning experiences. (If requesting grant for equipment, this would include why it is necessary and how it will be used.)

2. STREAM Objectives: What are the learning objectives of this project or the use of this piece of equipment? How do they correlate with the Riverview's STREAM objectives?

3. Evaluation: How many students will this affect? How will you know if the objectives have been met? How will the outcomes be measured?

4. Dissemination: Would your project or equipment be of value to other educators? How would you share your ideas or use of equipment?

5. Budget

Expense	Specifics/Itemization	Total
Contract Personnel <i>Include number of hours and contractors and hourly rate</i>		
Equipment <i>Include type, quantity, cost per piece</i>		
Supplies/Materials <i>List expected materials and cost of anything over \$50</i>		
Printing/Copying <i>List what will need to be printed or copied</i>		
Travel/Meetings <i>Where, why, attendees, itemized cost of trip</i>		
Other <i>Anything not included above with the cost of each item</i>		
Total Expenses		

Revenue	Specifics/Itemization	Total
Other grants <i>Any other grants you will use towards this project and the amount of each</i>		
School District Contribution <i>Amount the district will contribute</i>		
In Kind <i>Services/supplies that will be contributed</i>		
Other revenue <i>Any other revenue</i>		
	Total Revenue	

Total Amount Requested _____

Applicant Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Submit a typed original and 3 copies to: Riverview Educational Foundation, PO Box 186, Oakmont, PA 15139

Application should be signed and dated by the teacher submitting the Grant Proposal and by the principal of the school. Applications not signed by the principal will not be considered. A committee of Foundation Board Members will review Grant Application.