

ANN ARBOR PUBLIC SCHOOLS
EDUCATIONAL FOUNDATION

GRANT REPLICATION FORM

Please Print or Type form – Please do not staple

GRANT INFORMATION

- All replication projects must be supervised by an Ann Arbor Public School teacher and have the approval of the school principal or central administrator.
- Replication grants will be considered during the regular grant cycle along with first time requests.
- All equipment purchased with grant funds becomes the property of the Ann Arbor schools, must be stored and used on district property and list the AAPS Educational Foundation as the funding source.
- All questions must be answered completely.
- Field trips will not be funded.
- Attendance at the year-end reporting meeting is mandatory.
- All publicity and/or products as a result of the grant must credit the AAPS Educational Foundation as the funding source.

NAME _____

_____ TEACHER _____ PRINCIPAL _____ PARENT _____ OTHER STAFF

SCHOOL _____

HOME ADDRESS _____ **Zip** _____

Phone (Daytime) _____ (Evening) _____ e-mail _____

Fax _____

TITLE OF GRANT TO BE REPLICATED: _____

YEAR GRANT WAS ORIGINALLY FUNDED: _____

RATIONALE: Why would you like to replicate this grant? Please include the circumstances/issues this grant will address.

STUDENT INVOLVEMENT

How many students will benefit from this project? _____

PROJECT BUDGET (Please describe items in each category. Budgets must be specific and itemized.)

*Consumable supplies _____

Materials _____

**Equipment _____

Other _____

TOTAL _____

Attach an additional sheet if necessary.

BUDGETS THAT ARE NOT ITEMIZED WILL NOT BE CONSIDERED.

- * Consumable supplies should be an integral part of the project. Refreshments for a meeting are not considered an integral part of the project.
- ** All equipment purchased with grant funds becomes the property of the Ann Arbor Public Schools and must be stored and used on school district property.

If funded, I must document and report results at the end of this project, but no later than the end of the current school year. I agree to credit the Foundation in any publicity about the project and on all products. I will account for all project expenditures and will be responsible for returning unspent funds to the Foundation by June 1, 2006. I understand no additional funds are available from the Foundation for this project.

In the event this project is selected, we (teacher, principal, sponsor, central administrator) agree to follow the Foundation's guidelines for funding.

Signature of Supervising Teacher

Date

Signature of Principal or Central Administrator

Date

RETURN THIS COMPLETED FORM BY noon, OCTOBER 1, 2005 TO:
Ann Arbor Public Schools Educational Foundation
c/o Norma McCuiston
1530 Eisenhower Place, Ann Arbor, Michigan 48108