Submit completed applications to:
Tulare County Office of Education Foundation
P.O. Box 5091, Visalia, CA 93278
Attn: Tim Hire
Or, email to: marlenem@tcoe.org
For more information, call Marlene Moreno at (559) 733-6302

PLEASE TYPE

TCOE Foundation Grant Application for awards of $501 to $2,500 (Tier II)

Date: _____ Duration of program/event being considered for funding: ___/___/___ to ___/___/___

Applicant's program name: _____

Program mailing address: _____

City: _____ State: _____ Zip Code: _____

Program physical address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-Mail: _____

Contact name & title: _____

Has your program been funded by the TCOE Foundation in the past? Yes No

Has your program sought funding from other foundations or organizations for this project? Yes No
If so, please list funding organization and amount given: _____

Is

Program Information

1. Describe your program and the students you serve (500 word limit).

2. List the key program staff directly providing services with the program or activity for which funding is being requested.

Staff Name	Position

Program Information

3. Describe the specific intended use of the TCOE Foundation grant. How many students will be directly impacted? (200 word limit)

4. Describe the strategies that will be used to recruit students to participate in the program. (200 word limit)

5. Describe the strategies that will be used to recruit any adults/community members to work with the students in this program. (200 word limit)

6. The TCOE Foundation grant is designed to support learning opportunities
How will the proposed program enhance student learning?

9. Summarize the projected outcomes of the program or activity for which funding is being sought and (b) how these will be measured by the program. In reviewing grangram

10. Briefly d

ACTION PLAN

PLEASE TYPE

Please submit this Action Plan at the conc lusion of your project.

Time Line	Tasks