

GEAC
c/o LWSD Quest Office
P.O. Box 97039
Redmond, WA 98073-9739
www.lwsdgeac.org

Gifted Education Advisory Council
GEAC Grant Application
2018-2019

GEAC VP Grants
Pronita Mehrotra
grants@lwsdgeac.org

GEAC Grant # _____

Date of Application: _____ (If submitting multiple grants) Priority Rank: _____ of _____

Applicant Name(s): _____

School/Grade: _____

Contact Phone Number: _____

Email Address: _____

TOTAL FUNDS REQUESTED: \$
(Include details on reverse)

Number of Students to Benefit/Impact:
(Include details on reverse)

Timeline: Funds needed by: _____ Funds to be spent by: _____

If I receive this grant from GEAC, I (the Applicant) agree to:

- Pay vendor(s) as described on this application, from grant funds I receive directly from GEAC.
- Record all grant expenditures on the Expense Reimbursement and Documentation Form provided. Include all receipts for expenditures and send completed form and receipts to the GEAC office (or scan and email to grants@lwsdgeac.org), no later than **Friday, May 10, 2019**.
- Return any unspent grant funds to GEAC, no later than **Friday, May 10, 2019**.
- Attach GEAC stickers (to be provided) to any reusable materials purchased with GEAC grant funds. All items purchased with GEAC grant funds (reusable or otherwise) become the property of the LWSD Quest program.
- Obtain any necessary approvals from the Instructional Materials Committee (IMC) and/or the LWSD Technology Department *before accepting grant funds*.
- Obtain any necessary approvals for release time *before accepting grant funds*.

Applicant Signature Date

Principal approval is required to submit grant application to GEAC:

Principal Name (please print)

Principal Signature Date

Submit the completed Grant Application (including any supporting pages) to the above office or email address, and notify GEAC of grant submission at grants@lwsdgeac.org.

GRANT REQUEST DETAILS: Please provide a *detailed* description of the item(s) or activity being requested and the student impact and goal to be achieved by the resources and/or activity. Please attach any additional pages or information as desired or deemed necessary.

BUDGET: Be sure to include budget information for ALL line items required for these materials or activities, *including, but not limited to:* sales tax, shipping, transportation, chaperone admissions, registration fees, etc.

Vendor(s): _____

Line Item (don't forget tax and shipping!)	Cost
TOTAL COST	\$

<u>For GEAC use only</u>		
Date Rec'd: _____	Date _____	Approved _____ Denied: _____
Agreement & Check Sent: _____		