Friends of the Surprise Libraries, Inc. Grant Application Please "File Save As" this document

(Recommended name FOL_Grant_School_Name_date) Friends is focusing on Early Literacy Needs. This includes Pre-K through Grade 3 and Special Education.

<u>Friends does not issue cash.</u> Items will be purchased and delivered to you at school.

Amount Requested \$
Date prepared
Requestor Name
Phone contact
Best time to call
E-mail contact
Grade Level(s) Teaching
Subject Matter(s)
School Name
School Address
City, Zip

Describe what you are requesting. (i.e. exact number and title of books, author name, publisher name) Cost of book or other items. Source where book or other items can be purchased (i.e. Amazon or Scholastic etc). (No subscriptions or software/licenses.) If additional page is needed please add – more detail is better!		

How will the item(s) requested be used to improve the literacy of your class? Will the items be checked out to the students? Will these items be able to be used for more than one year? Please be very specific use additional page if needed. What is your expected OUTPUT? (# of students impacted by these items). What is your expected OUTCOME? (Increased ability # of students to read at grade appropriate Lexile) Friends will be following up 60 days after delivery on the outcome	
of the requested items.	
Date forwarded to next level of Approval	
FILE SAVE AS this document at this point. Forward the document as an attachment to your next level of approval. You may want to copy yourself to keep track the progress of this request.	
Principal Approval of this request is required. Your completion of this section documents your approval	
Principal's Name	

2025-2026

Principal's Phone
Principal's e-mail
Principal please document how this request supports your Continuing Improvement Plan (please reference your specific CIP as shown on your school's website).
If a technology approval is needed please record code here
Please FILE SAVE AS this document and forward the document as an attachment to the next level of Approval. You may wish to copy yourself to track the progress of this request.
Date forwarded to next level of approval

District Approval is needed for this request. District your completion of this document is documentation of approval.

District Representative Approval Date	
District Approval Name	
District Approval Title	
District Approval E-mail	
Date sent to Friends of the Surprise Libraries	
Please FILE SAVE AS this document at this point. You may we copy yourself to keep track of requests in process	ish to
Send the entire document with all attachments to: friendsofthesurpriselibraries@outlook.com	

Thank you for your grant request. Grants submitted by the end of the month will be submitted to the Board Meeting in the following month. Incomplete applications, or applications without appropriate approvals will be declined.