Orange Grove ISD Education Foundation
Mini-grant Application

Grant Title: _____

Campus(s): _____

Estimated number of participants involved:

- Students: _____
- Parents: _____
- Teachers: _____
- Volunteers: _____

Amount requested:_____

Anticipated start date: _____

Expected duration: _____

Applicant name with email address:

- _____

Classroom or dept/campus? _____

Principal signature: _____

A. Summary of the mini-grant purpose/project: *Please provide an overview of the program/project you wish to fund?*

- <answer here>

B. Please describe how the money will be spent: *Include descriptions of items, quantities and total costs (from approved vendors).*

- <answer here>

C. Provide a description of your program/project evaluation strategy: *How will you know this project made an impact with your students?*

- <answer here>

D. Please email a short, 2 minute video explaining your grant to programs@ogisdef.org .

Contact OGISDEF if you have any questions or concerns: programs@ogisdef.org