



# Educators for Equity Grant Application Template

[Please read the Rules for Applicants before applying](#)

## Applicant Information

Please provide information about the main contact and applying organization.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

School or Organization: \_\_\_\_\_

Are you a public U.S. school serving students aged preschool to 12th grade? YES  NO  If no, are you a non-profit? YES  NO

If you are a non-profit, you must attach an IRS determination letter of your 501(c)(3) status. Have you attached an IRS determination letter of your 501(c)(3) status? Please note this is required. YES  NO

Are you a teacher, administrator, or education specialist? YES  NO

I certify that I *do not* have a role in deciding whether my district or school uses NWEA products or services. YES  NO

## School Demographic Information

Please list the percentage of students in each subgroup served by your school or organization.

American Indian/ Alaskan Native: \_\_\_\_\_ Black/ African American: \_\_\_\_\_  
Native Hawaiian/ Pacific Islander: \_\_\_\_\_ Multi-Racial: \_\_\_\_\_  
Hispanic/ Latino: \_\_\_\_\_ English Language Learner: \_\_\_\_\_  
FRL\*: \_\_\_\_\_ Mobile and homeless: \_\_\_\_\_

\* For schools, districts, or organizations participating in the *Community Eligibility Program*, please provide documentation.

**Program Overview**

|   |  |                                 |
|---|--|---------------------------------|
| <p><b>Number of students served</b></p> <p><i>List the number of students served overall and in each subgroup through this program.</i></p> | Total number of students: _____          | Multi-Racial: _____             |
|   | American Indian/ Alaskan Native: _____   | English Language Learner: _____ |
|   | Native Hawaiian/ Pacific Islander: _____ | Mobile and homeless: _____      |
|   | Hispanic/ Latino: _____                  | FRL _____                       |
|   | Black/ African American: _____           |                                 |

|   |  |
|---|--|
| <p><b>Program description</b></p> <p><i>Provide a summary of the program, including program goals, context on the students served, and details addressing how it meets the required <a href="#">selection criteria</a>.</i></p> |  |
|---|--|

|   |  |
|---|--|
| <p><b>Program timeline</b></p> <p><i>Describe the proposed timeline for preparation, implementation, and evaluation of the program.</i></p> |  |
|---|--|

**Measurable Outcomes**

|  |  |
|--|--|
| <p><i>What are the academic outcomes your program aims to produce for student participants, and how will you measure those outcomes?</i></p> |  |
|--|--|

**Program Budget**

*Please complete the itemized budget template below by providing a description and cost for each expense associated with your program. Remember that while a portion of the grant can be used for supplies and materials, it is not intended to be used primarily for supplies and materials.*

| Expense | Description | Total |
|---------|-------------|-------|
|         |             |       |

**Total Budget** \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_