# Educators for Equity Grant Application Template

## 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.*

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/ Alaskan Native</td>
<td></td>
</tr>
<tr>
<td>Black/ African American</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian/ Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>Multi-Racial</td>
<td></td>
</tr>
<tr>
<td>Hispanic/ Latino</td>
<td></td>
</tr>
<tr>
<td>English Language Learner</td>
<td></td>
</tr>
<tr>
<td>FRL*</td>
<td></td>
</tr>
</tbody>
</table>

- **Mobile and homeless:**

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

**Number of students served**

List the number of students served overall and in each subgroup through this program.

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Total number of students</th>
<th>Multi-Racial</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaskan Native</td>
<td></td>
<td></td>
</tr>
<tr>
<td>English Language Learner</td>
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</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile and homeless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Program description**

Provide a summary of the program, including program goals, context on the students served, and details addressing how it meets the required selection criteria.

**Program timeline**

Describe the proposed timeline for preparation, implementation, and evaluation of the program.

### Measurable Outcomes

What are the academic outcomes your program aims to produce for student participants, and how will you measure those outcomes?

### 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.

<table>
<thead>
<tr>
<th>Expense</th>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
</table>

**Total Budget**

### Disclaimer and Signature

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

Signature: ________________________________ Date: __________________