EUGENE EDUCATION FOUNDATION

(/sp/eugeneannualgrant)

Applications ▾

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When you are ready to submit your application, please click the blue "Save" button at the bottom of the page.

- You can save this form as a draft at any time by clicking "Save Draft" at the top or bottom of the page.
- When you have completed all required items, please click the "Mark Complete" button at thetop or bottom of the page.

NOTE: When you have completed all required steps and have no additional edits, be sure to click "Submit" on the next page.

First Name

Allan

Last Name

Chinn

Email

chinn@4j.lane.edu

Proposal Title *

Requested Amount *

$

$250 - $5000 for school requests. District requests may be up to $10,000 (if you have a district request that is greater than $10,000, please contact assistantdirector@eeflane.org).

Please provide a short summary description of your project. *

Word Count: **0 / 200**

Which EEF priority does this project advance? (select all that apply): *

☐ Enrichment: Exposing children to a world of possibilities & sparking a love of learning (Ex: STEM, Arts, Experiential learning)

☐ Ready to Learn: Building strong foundations for learning success (Ex: Literacy, Social Emotional Learning, nutrition)

☐ Pathways: cultivating skills for a diverse range of talents & dreams (Ex: CTE, SPED, TAG)

☐ Unsure/Not Applicable

Number of students served by this project this school year: *

If applicable, please describe the student population(s) to be served by this request

Word Count: **0 / 100**

Examples may include but not limited to: age, grade level/s, race, background, sexual orientation/gender identity, ability/disability, high needs, at risk, etc.

Will materials or curriculum for this project be usable for more than one year? *

○ Yes

○ No

Comment (optional):

Word Count: **0 / 100**

It is the goal of EEF to provide children/students with what they need to develop to their full academic and social potential. How does your project/program help provide access and/or remove barriers? *

Word Count: **0 / 200**

How will the educational experience of students be improved by this project? *

Word Count: **0 / 200**

What are the desired outcomes of this project? *

Word Count: **0 / 200**

Budget Itemized List *

Please upload a file of your complete itemized budget.

➕ Select a file   ❓

Would this project/program be possible to implement if the request was partially funded? *

○ Yes

○ No

○ Unsure

Does the proposal include a technology request? *

○ Yes

○ No

Is this a request for new curriculum, or materials to supplement already existing curriculum? *

○ Yes

○ No

Has this project been funded by EEF in the past? *

○ Yes

○ No

Comment (optional):

Word Count: **0 / 100**

Attach any documents that you think are necessary to inform the review committee about your proposal. If you would like to include more than 3 supplemental documents, please email them to assistantdirector@eeflane.org.

Supplemental document #1

+ Select a file ❓

Supplemental document #2

+ Select a file ❓

Supplemental document #3

+ Select a file ❓