

IEF FUNDING REQUEST FORM

Consistent with its commitment to partnership with the community, the IEF will evaluate requests for funding of new or enhanced programs, services, equipment, materials or other offerings (referred to as "projects") from members/groups within the Ipswich educational community, and may disburse funding consistent with the IEF's mission. All funding requests will be made in the sole discretion of the IEF Board of Directors pursuant to the IEF By-Laws.

All fields below must be completed as a condition of funding review. Additional information may be requested by the IEF in order to facilitate the review. All funding requests granted will be expected to report back on milestones and project outcomes within a year of the release of funds.

Title of project	
Date of submission	
Applicant primary contact	
name	
Affiliation with Ipswich	
Schools	
If you are an educator,	
describe your subject and	
class/grade	
Applicant primary contact	
phone number	
Applicant primary contact	
email address	

Applicant Information

Funding Request Overview

Describe your project in			
one sentence			
Total funding requested			
If additional funding			
sources are being			
explored, please describe			
State the school and grade			
level populations targeted			
by your project			
Is your request for a new	Yes	No	
project?			
If your request is not new,			
describe how it will			
enhance/expand upon			
programs/services/offerings			



already in place?	
If your request is not new,	
please describe existing	
funding sources (if the	
request relates to an	
annual or periodic event,	
please list most recent	
funding source(s))	
Provide a short overview of	
your proposal, including	
how it aligns with and	
supports the mission of the	
IEF mission to engage the	
Ipswich community in	
growing and developing the	
resources of the Ipswich	
school system and	
otherwise support the	
needs of the Ipswich Public	
Schools	
Describe what success will	
look like	

Funding Request Details

	5 1	
Pr	ovide a detailed	
description of the		
implementation plan,		
inc	cluding:	
•	A detailed description of how the funds will be used	
•	project timelines	
•	project milestones and success criteria	

Project Cost Details

· · ·	
Total project cost	
Amount sought from IEF	
Are there other known	
funding sources?	
If so, have they been	
secured?	
What portion of the total	
project cost will be funded	
from other sources?	
Is there any other	
potential funding?	
If so, are there plans to	
pursue this funding?	



Project Team

Provide a listing of project members, affiliation with the lpswich schools, and project roles			
Name	Affiliation	Project	
		Role	
Name	Affiliation	Project	
		Role	
Name	Affiliation	Project	
		Role	
Name	Affiliation	Project	
		Role	
Name	Affiliation	Project	
		Role	
Name	Affiliation	Project	
		Role	

Funding Details

Payee	
Payee Address	
Mailing Address (if differs	
from Payee Address)	

*** All approved funds are distributed via paper check

*** Copies of Payments/Invoice receipts are needed for IEF's records. Please forward them to fincom@ipswichedfoundation.org

EMAIL COMPLETED FORM TO grants@ipswichedfoundation.org