Due: December 14, 2018 (Award March 2019)

**Data Sheet** (Must be filled out & signed by Local/Affiliate President)

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| Grant coordinator’s name: **Jonathan C. W. Jones**  Grant title: **My Amazing Grant Idea**  Total amount requested: **$3,000**  Grant coordinator title/assignment: **Grant Coach/Idea Innovator**  Home address, city, state, zip: **1000 Idea Street, Mindset, MN 55117**  Home phone: **1800-win-idea**  School name: **Creations School**  School address, city, state, zip: **54321 Creations Avenue, Mindset, MN 55117**  School phone: **1800-1cr-eate**  Email: [**jcwj@creations.k12.mn.us**](mailto:jcwj@creations.k12.mn.us)  Team members (indicate which are EDMN members): **Jonathan** (member) | ---Local Section---  Local/Affiliate or MSCF/UEA Organization: **Local 00?**  President’s email: [**president@local.edu**](mailto:president@local.edu) |

**Narrative**

Instructions: use double space, Time New Roman, 12-point type on single-sided paper, be sure to number and label your responses, and limit your narrative to four pages or fewer.

1. What do you expect to accomplish? (1 paragraph summarizing proposal)

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1. What is your student population, their needs and overall demographics? (parameters)

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1. How is your project a new and different approach to meeting your students needs? (The Foundation’s mission for this grant is to)

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1. Question? (parameters)

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1. Question? (parameters)

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1. Question? (parameters)

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1. Question? (parameters)

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1. Question? (parameters)

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