

2025-2026 Grant Program Application Form

This application form is used for our Annual 542 Foundation Grant Program. Send a hard copy to Principal Ryan Severson or via email to rseverson@isd542.org.

Grant applications are due Friday September 5th, 2025.

Project Title: _					
Contact Person:					
Position/Title:					
Email Address:					
Telephone #:					
Applicants can be any Battle Lake Public School educator: Certified, classified or administrator.					
Please check:	□ Individual/Teacher □ Grade Level Team				
	☐ Building Level/School-wide Team ☐ District-wide Team				
	Subject Area Team/Department				
Collaborating partners (if applicable):					
Name:	Title:				
Name:	Title:				
Name:	Title:				
Name:	Title:				

Amount Requested: \$

Which Foundation Focus area/areas applies to your grant? (Please check)

- Academic SuccessCultural
- $\hfill\square$ College and Career Readiness

□ School Wide (gym, library...)

- Early Childhood
- □ STEM/STEAM
- Student Wellness & Mental Health
- □ Special Education □ The Arts

Will the project be possible if we do not fund the project? Yes No

Project Description/Goals

Briefly describe your proposed project and why it is needed.

What are the major objectives/goals of this project?

Impact on Students

Approximately how many students will be impacted by this project?

How will the students' educational experience be enhanced, improved or changed because of this project?

Evaluation of Project

How will you evaluate the effectiveness of the project?

Budget Summary (Include itemized expenses for materials/equipment)

Describe the proposed project budget. State specifically how the money will be used. Example: List all books, equipment, materials, software to be purchased along with prices, service plan, shipping costs, etc.

Include website (or links) for products/project (if applicable):

Item Description	Quantity	Unit Price	Total Cost		
1.		\$	\$		
2.		\$	\$		
3.		\$	\$		
4.		\$	\$		
5.		\$	\$		
I understand all grant fund materials	Shipping/handling costs: \$				
property of the Battle Lake School Distric	Total Project Cost:				
understand I will be required to complete assessment form at the completion of thi	\$				
April 1 st whichever is soonest. Any funding not used for this specified grant request will be returned to the foundation to fund future projects.					
Applicant's signature(s):	Date:				
Building administrator's signature:	Date:				
FOR FOUNDATION USE ONLY: DATE APPLICATION RECEIVED:					
APPLICATION RECEIVED BY:					