



# Monona Grove Education Foundation, Inc.

*Dedicated To Enriching The Education Of The Children In The Monona Grove School District*

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## Principal or Supervising Administrator Approval For 2023-2024

Lead Applicant Information	School Year	Co-Applicant(s)
Name	Name(s)	
School		
Grade Or Job Assignment		
Principal or Administrator		
Telephone	E-Mail	

**PURPOSE OF GRANT REQUEST:** Briefly state how the grant request is to be used.

**GOAL OF GRANT REQUEST:** What are the expected outcomes.

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### Approval of Grant Request

Name of Principal or Administrator

Telephone

E-Mail

This grant request is in alignment with District, School Building, Grade Level, Department or Staff goals. Select all that apply.

- Strategic Planning   
  Student Achievement   
  Leadership   
  Teacher Training  
 Staff Development   
  Community Engagement   
  Instructional Improvement   
  Diversity Awareness  
 Academic and Career Planning   
  Other: \_\_\_\_\_

**This Innovation Grant request is within the applicants normal assignment and I approve the request.**

(Sign By Entering Your Name, Title and Date Below. Please e-mail copy of approval to applicant)

X

Signed On:

Submit by E-mail to:

[MGEFgrants@gmail.com](mailto:MGEFgrants@gmail.com)

Subject Line: Attn: Grants Committee