Program Funding Proposal

Grant for Educational Material

GRADES: Pre-K through 12

ALL PUBLIC AND PRIVATE SCHOOLS in Pennsylvania, Delaware, Maryland (with the exclusion of Anne Arundel, Howard, Prince George, Montgomery counties), Virginia (with the exclusion of Fairfax, Arlington, and Prince William Counties), West Virginia, North Carolina, and southern counties of New Jersey (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem) CAN APPLY.

Italian must be in the curriculum/report card (grants cannot be requested for after-school programs.)

AISPhila will buy the material and will have it delivered to the school. Please provide a copy of the price quotation from the seller with a correct list of material.

List of materials that can be purchased:
– Textbooks
– Italian language software products
– Educational games

List of materials that CANNOT be purchased:
– All electronic devices (computers, interactive boards, tablets, iPods etc.)
– Furniture
– Materials about education and pedagogy
– Tickets for trips and cultural exchanges
– Party supplies, costumes, posters, food, etc.

$________________________

TOTAL AMOUNT REQUESTED FOR EDUCATIONAL MATERIAL

PLEASE PROVIDE A LIST OF THE EDUCATIONAL MATERIAL REQUESTED WITH THE PRICE QUOTATION FROM THE SELLER WITH THE CORRECT LIST OF MATERIAL
Application for the Year 2020-2021

School Information

NAME OF SCHOOL: __________________________________________________________

DISTRICT (if applicable): _________________________________________________

SUPERINTENDENT: ______________________________________________________

PRINCIPAL: _____________________________________________________________ or

FOREIGN LANGUAGE COORDINATOR: ______________________________________

Contact Information (the primary contact for this application)

CONTACT PERSON: ________________________________________________________

TITLE: _________________________________________________________________

OFFICE PHONE: _________________________________________________________

EMAIL ADDRESS: ________________________________________________________

Proposed Italian Program Description

_____ / _____ / 2020                _____ / _____ / 2021                ______

ANTICIPATED START DATE                END DATE                TOTAL # OF WEEKS
Please complete the following table regarding **the School/District Italian Program**

<table>
<thead>
<tr>
<th>Grade (PreK-12)</th>
<th>Teacher’s name (Last Name, First Name)</th>
<th># of students</th>
<th>Frequency of Contact Time per Week</th>
<th>Contact Minutes per Session</th>
<th>Total # of class hours in the school year</th>
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**Superintendent/Principal**

Name ________________________________

Signature ______________________________

Date ________________________________

Grazie!