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Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: NORTHVIEW EDUCATION FOUNDATION. D Employer identification number: 38-2959621. E Telephone number: (616) 363-6861. F Group Exemption Number.

G Accounting method: Cash, Accrual. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: WWW.NVPS.NET/NEF. H Check if the organization is not required to attach Schedule B. J Organization type: 501(c)(3).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 53,296.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 47,681. Expenses total: 34,542. Net Assets total: 274,424.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 27 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 349,217. Total liabilities: 14,645. Net assets: 334,572.

SCANNED FEB 04 2010

Handwritten marks and numbers: 14

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 39a N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
40b	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ MI		
42a	The books are in care of ▶ BEV WICKMAN Telephone no. ▶ (616) 363-6861 Located at ▶ 4365 HUNSBERGER, GRAND RAPIDS, MI ZIP + 4 ▶ 49525		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
44			X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | | Yes | No |
|---|-----|--------------------------|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | <input type="checkbox"/> | <input type="checkbox"/> |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 ▶		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ *Robert Malouf* Signature of officer Date **1-19-10**

▶ **Robert Malouf, TREASURER** Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: **12/5/09** Check if self-employed: Preparer's Identifying Number (See instr.):

Firm's name (or yours if self-employed), address, and ZIP + 4: **HUNGERFORD, ALDRIN, NICHOLS & CARTER, PC**
2910 LUCERNE DRIVE S.E.
GRAND RAPIDS, MI 49546-7175

EIN: Phone no. **(616) 949-3200**

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **NORTHVIEW EDUCATION FOUNDATION** Employer identification number **38-2959621**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		<input checked="" type="checkbox"/>
(ii) A family member of a person described in (i) above?		<input checked="" type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		<input checked="" type="checkbox"/>
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
NORTHVIEW PUBLIC SCHOOLS	38-60348762		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		34,542.
Total									34,542.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and stop here ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶

17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
MISCELLANEOUS EXPENSE	306.
BANK CHARGES	245.
OFFICE SUPPLIES	1,049.
FUNDRAISING COSTS	954.
GRCF FEES	2,752.
TOTAL TO FORM 990-EZ, LINE 16	5,306.

FORM 990-EZ OTHER LIABILITIES STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	2,500.	0.
GRANTS PAYABLE	10,735.	11,228.
DEFERRED REVENUE	1,410.	0.
TOTAL TO FORM 990-EZ, LINE 26	14,645.	11,228.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS CARRIED AT MARKET VALUE	-73,287.
TOTAL TO FORM 990-EZ, LINE 20	-73,287.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
EDUCATIONAL NORTHVIEW PUBLIC SCHOOLS 4365 HUNSBERGER	NONE	19,603.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

19,603.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

TO PROVIDE GRANTS TO SUPPORT THE EDUCATIONAL ENRICHMENT OF VARIOUS PROJECTS
AND PROGRAMS OF THE NORTHVIEW PUBLIC SCHOOLS

NEF GRANT GUIDELINES

The following guidelines explain the process by which our Committee examines grant proposals:

1. Additional funding sources will be a consideration when examining larger grants.
2. We will not consider funds for transportation, meals/snacks, or Northview employee salaries. If you can document funding for transportation, we will consider covering the cost of admission for something that meets the criteria below.
3. In accordance with current Northview administration guidelines, we are not funding any large ticket technology items, such as Smart Boards, computers, or projectors, as these items should normally be funded within Northview's normal operating budget. If you wish to request a grant for a technology item over \$1,500, please contact the Superintendent or Bev Wickman before completing your grant application.
4. Please remember – we wish all grants that meet the criteria below could be approved. However, we are limited to the budgeted amount determined by the Foundation. The Grant committee uses their best judgment in determining which grants to approve.

Once your principal and the Superintendent have approved your grant for submission, the Committee will review it using a rating system and these criteria:

1. The program should be realistic and enhance or extend the educational curriculum.
2. Emphasis is on a creative, innovative or unique educational experience for students.
3. The statement of the proposed project should be clear with the objectives and budget plainly stated.
4. The budget should follow the criteria and not include money for meals, snacks, salaries, or transportation.
5. Grants that have not been previously funded will receive first consideration.
6. Grants that will be a benefit for multiple years and/or serve a broad range of students.
7. The degree of student involvement or input will be considered.
8. Grants that have a plan to recognize the NEF are preferred.

After Grant Committee review, the NEF will take one of the following actions:

- * Approve the application for funding in full.
- * Offer a reduced amount of funding.
- * Return the application with suggestions for resubmitting.
- * Deny the request.

If your request is denied, you will receive a letter of explanation. If it is approved, you will receive notification and an evaluation form to fill out upon completion of the proposal.

Grant applications can be obtained from your NEF building rep, building secretary, or Bev Wickman at nef@nvps.net. You may attach your proposal to the application in any format. Be sure to comment on each criterion, give an itemized budget and explain how you will recognize the NEF for their support.

It is not required, but we recommend that you take the opportunity to appear before the NEF Grant Committee to answer questions about your grant application. A personal presentation to the Committee gives you an opportunity to clarify your proposal.

If you have questions, please contact your NEF building reps. High School – Sarah Hamstra, East Oakview -- Jenny Barnes, Crossroads – Kathy Vogel, West Oakview – Mary Lou Ohnsman
Highlands – Patti Emelander, North Oakview – Lou Anne Courtney

Office use only grant # _____

NORTHVIEW EDUCATION FOUNDATION
2009-2010 GRANT APPLICATION

Project Title: _____

Applicant Name: _____

School Building: _____ Position: _____

Work Phone: _____ Home Phone: _____

Total Amount Requested from NEF: \$ _____

Is this to be a matching grant or is money being requested from other sources? If so, from where? _____

Project time frame: start date _____ completion date _____

Grade(s) of students that will benefit: _____

Number of students that will directly benefit: _____

Number of students that will indirectly benefit: _____

Signatures:

Applicant _____

Principal _____

Superintendent _____

The more information you can provide, the better able we are to make a decision regarding your request. Please attach to this application a detailed plan of the project. This would include project purpose, description, budget, evaluation, and how you plan to recognize the NEF for this financial support.

Mail this application to the address below. **Deadline for this grant application is Friday, October 2, 2009, 4:00 p.m.** Remember to allow sufficient time if using inter-school mail. Grant presentations will be Monday, October 12 and will begin at 4:45 p.m. in the Crossroads Media Center. Please call Deb Domine at 365-6151 to schedule a time for your presentation.

You can submit applications throughout the school year and they will be reviewed at the following grant review meeting. (Grant applications are reviewed in October and February each year.)

NORTHVIEW EDUCATION FOUNDATION
4365 Hunsberger NE
Grand Rapids, MI 49525

1. **PROJECT PURPOSE:** How will this project meet or enhance your current curriculum? What are the goals and concepts to be learned? Be as specific as possible.
2. **PROJECT DESCRIPTION:** Describe in detail the who, when, where and how of this project. List all the activities planned, including any outside personnel involved (guest artist, lecturer, etc.) and their qualifications.
3. **PROJECTED BUDGET ****
4. **PLAN TO RECOGNIZE NEF:** Describe how you will recognize that the NEF funded your grant request. In order to continue our goal of providing grant money for innovative and necessary grants, our donors (staff, parents and community members) must see their dollars at work. Recognition can come in the form of letters home to parents, pictures in the Northview News of project with recognition to the NEF, school newsletter, etc.
5. **EVALUATION:** Describe the way you will evaluate this project's success. Will it become an on-going program or part of our curriculum? Would you be willing to come to a NEF Board Meeting and give an update on your grant's success?

**** PROJECTED BUDGET:** (Be as specific as possible.)

REVENUE:

Northview Education Foundation _____

Other funds (corporate, private, state, etc.) _____

Total _____

EXPENSES:

Guest fees/services _____

Materials cost (include all books, supplies, capital expenditures, etc.) Attach additional sheets if necessary.

ITEMS

COST

GRANT FACT SHEET

The Northview Education Foundation's mission is to deliver innovative and necessary grants to Northview teachers, staff, and administrators for purchase of resource necessary to enrich the student learning experience.

We want to give teachers the inspiration and financial encouragement needed to enhance student learning in the classroom. We encourage you to fill out a grant request form and have it approved by your principal. Grants are reviewed in October and February, but we accept grant request any time during the year.

Myth #1: The process takes too long.

Fact: Recently, the NEF has simplified its grant form to be easy and not complicated.

Myth #2: The same teachers always get their grants funded.

Fact: Each year, the NEF awards grant money to many different teachers. Some teachers use the grant process to its fullest and request several grants. The more grants you request, the more you are likely to receive.

Myth #3: The interview process is intimidating.

Fact: The Grant Committee does not expect you to present a grant. Just be available for questions and clarifications for the committee.

Myth #4: The grant has to be creative and innovative to receive funding.

Fact: NEF funds both necessary and innovative grants. Our goal is to help you enhance student learning.

FAQ:

1. How much am I able to ask for?

A typical teacher grant averages \$275. (We have given as much as \$2000, and as little as \$40.

2. What am I able to ask for?

Anything that will enhance the children's educational experience, although we are not able to fund Teacher salaries, transportation, food, or large ticket technology items. See grant guidelines for details.

3. Will you fund my entire grant?

Sometimes we can fund all, or we may offer part if other funding seems available.

4. Can I see a sample grant application?

Yes. We have past approved grants in a binder marked "NEF Past Grants" at each of the schools. Please ask your Principal.