THE KAREN COX MEMORIAL GRANT PROGRAM

The Montana Professional Teaching Foundation is pleased to announce its first grant program for classroom assistance available to all Montana public school employees. This grant program is named after one of Montana's great educators, Karen Cox, who lost her life doing what she loved, working to improve education. She took seriously her opportunities to support her fellow teachers, and therefore it is fitting that this grant program be named in her honor.

Eligibility: All Montana public school employees are eligible to apply for funding.

Deadline: Grant applications must be received by December 2nd. Grants will be awarded on or as close to December 31st as possible each year.

Project Purpose: Because needs vary so widely among educators and employees of public schools, proposals may be written for any classroom supplies, technology, or innovative materials that will benefit the classroom education of Montana's schoolchildren.

Grant Guidelines:

- Description: This section should include goal(s) and objective(s).
 Briefly describe how the project will meet the stated goals and objectives.
- 2. Timeline/How Funds will be Spent: Use this section to describe when the activities/purchases will take place. Provide a summary of how funds will be spent and where materials will be purchased.
- 3. Amount of Funding Request: Use this section to state the amount of funding you are seeking. (Maximum \$500 per applicant).
- 4. The appropriate school official must sign the application form before it is submitted along with a completed W-9. Unsigned applications will not be considered for funding. All applications must be typed.

Submit Proposals to: Donna Graveley, Administrator

Karen Cox Memorial Grant Program

Montana Professional Teaching Foundation

1232 E. 6th Ave. Helena, MT 59601

Funds must be used for the project described in the grant application.

Application follows on next page:

MONTANA PROFESSIONAL TEACHING FOUNDATION KAREN COX MEMORIAL GRANT APPLICATION

School Name:			
Address:			
City:			_ZIP:
Applicant Name:		Grade(s) Taught:(grades of students benefiting to	from this grant)
Email Address:			Phone:
Project Description:			
Timeline/How Funds will	be Spent (who	ere the materials will be purchased):	
Amount of Funding Requ	ested:	(maximum \$500))
to provide a summary of what materials purchased to the Fo	t was accomplish undation within	funds will be used in the manner described hed with the grant, how the grant was expensed 60 days of this grant award. Any employen signing. Sign hard copy of application ar	ended and proof of e of a Montana public
Applicant's Signature	(Date)	Appropriate School Official	(Date)
		Title (School Official must provide a comp	leted W-9)

W-9 follows on next page.



Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.						
	2 Business name/disregarded entity name, if different from above						
Print or type. Specific Instructions on page 3.	following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
		Exempt payee code (if any)					
	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that	Exemption from FATCA reporting code (if any)					
F iji	is disregarded from the owner should check the appropriate box for the tax classification of its owner.	(A-1)-4-1-10					
bed	Outer (see instructions) F	(Applies to accounts maintained outside the U.S.) and address (optional)					
See S	Viduress (number, street, and upt. of state no.) see institutions.	ia address (optional)					
Ō	6 City, state, and ZIP code						
	7 List account number(s) here (optional)						
Par	t I Taxpayer Identification Number (TIN)						
	your fire in appropriate box. The fire provided material in hame given on the avoid	urity number					
reside	p withholding. For individuals, this is generally your social security number (SSN). However, for a nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	- -					
TIN, la							
	in the decedant le in more than one harrie, eee the metractione for into 117 ties eee 177 at 74 and and	dentification number					
Numb	er To Give the Requester for guidelines on whose number to enter.						
Par	Certification						
Unde	penalties of perjury, I certify that:						
2. I ar Ser	number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issun not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been now vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) to onger subject to backup withholding; and	otified by the Internal Revenue					
3. I ar	n a U.S. citizen or other U.S. person (defined below); and						
1 The	EATCA code(a) entered on this form (if any) indicating that I am exempt from EATCA reporting in correct						

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid,

other than	1 1 2/	utions to an individual retirement arrangement (IRA), and generally, payments, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person ▶	Date ►	

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN). individual taxpaver identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,