



ISB Birthday Gift Fund Request Form 2020-2021

The **ISB Birthday Gift Fund (BGF)** supports projects and initiatives proposed by students and aligned with the school's Mission, Vision, and Core Values. The Birthday Gift Fund is part of the celebrations for ISB's 40th Anniversary. Projects should be initiated by students. Students should apply for grants from the fund.

Birthday Gift Fund projects must support one of the following areas:

1. Service learning – engage ISB students in genuine and shared learning experiences. Build community and meaningfully strengthen ISB's relationships with the local community and communities in need.
2. Sustainability initiatives – contribute to the school's sustainability goals.
3. Creative learning in academics, arts, design, and athletics, including creative ideas and actions to support real world problem-solving.

Proposal guidelines:

Grants will typically be under 15,000 RMB and the projects should demonstrate:

- Significant impact on learning.
- Benefit for the ISB community.
- Contribution to the school's strategic plans.
- A degree of sustainability beyond the initial funding from the ISB Birthday Gift Fund.

All project applications should be accompanied by the following details:

- Budgeting information for the project (may include quotations and/or samples).
- Estimate/approximate timeline for project realization.
- Research, evidence, testimonials, survey data, or other relevant support.
- Some ideas around outcome/impact measurement and success indicators.
- Limited to 15,000 RMB per funding request, 30,000 RMB maximum per year for High School, and 15,000 RMB per year for Elementary School and Middle School.



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Submission Procedure



Birthday Gift Fund Committee (BGFC) contact for funding request assistance:

Advancement Office	Tracy Li
Email:	Advancement@isb.bj.edu.cn



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Funding Request Form*

Note that the request must be turned in at least **FOUR** weeks in advance to be considered

Date of Proposal:	____ / ____ / ____ (MM/DD /YYYY)		
Requested By:	____ (Last Name) ____ (First Name)		
Phone Number:		Requestor's Email:	
You are a:	<input type="checkbox"/> Elementary Student <input type="checkbox"/> Middle School Student <input type="checkbox"/> High School Student		
Total Amount Being Requested (RMB):		By when	____ / ____ / ____ (MM/DD /YYYY)
Any other sources of funding (if any):		Previous funds received from school or PTA	
Includes but not limited to co-sponsor(s)/ticket sales			
Purpose:	<input type="checkbox"/> service learning <input type="checkbox"/> sustainability initiative <input type="checkbox"/> creative learning		

Project Title: _____

Date: start from _____ to _____ Location: _____

Name of Faculty Advisor affiliated with the project in question: _____

1. General Description of the Project



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2. What is the educational benefit of this project and how would it benefit ISB students and the community?

3. In the space provided below, list anything that you feel the Birthday Gift Fund Committee (BGFC) needs to know about this project. Quotations, samples, research, evidence, testimonials, survey data, estimate/approximate timeline or other relevant information that will help the committee to make an appropriate decision.

*Please attach any other relevant documents and materials to this form. Use additional sheets of paper if needed to answer questions or to provide supplemental information.



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Budget Allocation Request Form*

Expense	Explanation of Expense	Requested Amount(RMB)	Amount Recommended(RMB)
Total:			

Have you done this project/activity in the past?			
How many students participated?			
Payment Method:	Tick one: <input type="checkbox"/> Cash <input type="checkbox"/> Check paid to: <input type="checkbox"/> Transfer to ISB Budget Code: <input type="checkbox"/> Wire Transfer (obtain wire transfer request form from the accounting office) <input type="checkbox"/> Others: _____		
Endorsed By*:	Position	Name	Signature
	ES Principal or Faculty/Staff Supervisor		Date:
	MS Principal or Faculty/Staff Supervisor		Date:
	HS Principal or Faculty/Staff Supervisor		Date:
	Activities Director		Date:
Comment from Principal/ Supervisor /Activities Director relating to request: <div style="height: 40px; border: 1px solid black; margin-top: 5px;"></div>			

*A principal signature is required for a divisional request. For school-wide project, all principals must sign. Co-curricular activities relating to sports, performing arts or academics, Activities Director must sign.

MAKE SURE TO KEEP A COPY FOR YOURSELF. THANK YOU!



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For BGFC use ONLY:

Request Form Received by:	Signature:	Date(MM/DD/YYYY):
Amount Approved/Declined:	Reason if declined:	Date(MM/DD/YYYY):
Cash Payment Received by:	Signature:	Date(MM/DD/YYYY):

IMPORTANT:

You should provide general information about the project. This is where you inform the Birthday Gift Fund Committee (BGFC) of everything that they will need to know about a specific activity, event, or event series to make a funding decision. If you are requesting funds for more than one project, please make copies of this page and fill out a separate page for each project. Please fill out all sections completely.

Once Funding is Approved

- All expenses must be supported by fapiao/receipts or letters confirming receipt of donations, as well as a short summary of the initiative outcomes (explain what was accomplished and how your efforts supported school's mission, vision and values). If not completed within a stated time following the event, the future request will not be considered by BGFC.
- All signatories (requestor, project teacher supervisors and the BGFC) will be held accountable and responsible to ensure that any funds disbursed are used solely as stated.
- Inform the appropriate BGFC representative immediately in writing, if there is any deviation with the amount utilized or how the approved funds will be spent.