



## Grant Application Form Spring 2021

Please type.

Applicant Name(s): \_\_\_\_\_

Grant Title: \_\_\_\_\_

I/We grant the Fort Thomas Education Foundation, Inc., the right to use this proposal and the results of this project, if funded, for public information purposes or to help educate others.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

***Please submit completed applications to FTEF (ftf@ftef.org) and your principal by Friday, December 18<sup>th</sup>, 2020.***

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### For internal purposes only

- ☐ Google Form submitted. Reference ID: \_\_\_\_\_
- ☐ Principal review/ approval. Date: \_\_\_\_\_
- ☐ Superintendent / Director of Technology review. Date: \_\_\_\_\_
- ☐ Fort Thomas Education Foundation's Teacher Grant Committee review. Date: \_\_\_\_\_
- ☐ Communication Completed. Date: \_\_\_\_\_

Grant Amount: \$ \_\_\_\_\_

## A. RATIONALE

- What classroom/student need, problem, or opportunity does this project address?
- Is this a new initiative or an expansion of an existing project? ☐ New ☐ Existing project
- Is this an after-school or summer enrichment program? ☐ Yes ☐ No
- Approximately how many students will be affected by this project? \_\_\_\_\_
- Have you applied for funding through other channels (example, PTO) before submitting request to the FTEF? ☐ Yes ☐ No  
How much has been awarded so far?

## B. PROJECT DESCRIPTION

- What is the goal of this project? Please include specific desired outcomes and a general implementation schedule.
- Who will be involved in this project (please specify teachers, administrators, and/or central office staff)? What are their responsibilities?

## C. EVALUATION

- Describe specific means of evaluation for each objective as well as the goal of the project. Will outcomes be measured?

## D. BUDGET

- Will you consider accepting a partial grant if full funding is unavailable? How would you supplement or scale back the project? ☐ Yes ☐ No

Please provide a detailed budget for your project, including materials and equipment needed, sources, and costs. If your request includes an amount for stipends or ESS compensation for certified staff, include it here.

Item	Supplier	Budget Amount

	Total Request	

## E. ADDITIONAL INFORMATION

- Any additional information that you feel will help in the decision-making process.

☐ I verify the information included is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Thank you for your submission. Your commitment to academic excellence is our most valuable resource. – *The Fort Thomas Education Foundation***