**Grant Application Form**

**Spring 2020**

(Please see Request for Proposals)

Please type.

Applicant:Kathy Anderson

Grant Title: Full-size Violas

I 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 \_\_\_\_Kathy Anderson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_1/13/2020\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please submit completed applications to FTEF (ftef@ftef.org) and your principal by***

***Monday, January 6th, 2020.***

 • Submit Google Form online

 • Receive confirmation email with this form

 • Submit completed forms to Fort Thomas Education Foundation (ftef@ftef.org) and copy your building principal by 12/19/19.

 • Superintendent review

 • Fort Thomas Education Foundation’s Teacher Grant Committee review

**A. RATIONALE**

 • What classroom/student need, problem, or opportunity does this project address?

 The grant money would supply larger violas for current students and future viola students.

 • Is this a new initiative or an expansion of an existing project? New XExisting project

 • Is this an after-school or summer enrichment program? Yes XNo

 • Approximately how many students will be affected by this project? Currently - 3 An additional 3 viola students per year as they get bigger. There are younger students waiting in the wings!

 • Have you applied for funding through other channels (example, PTO) before submitting request to the FTEF? Yes XNo

**B. PROJECT DESCRIPTION**

 • What is the goal of this project? Please include specific desired outcomes and a general implementation schedule.

 This is an expansion of the collection of musical instruments for the district’s strings program.

 • Who will be involved in this project (please specify teachers, administrators, and/or central office staff)? What are their responsibilities?

 With the foundation’s approval, I will purchase the necessary instruments and bows from the Baroque Violin Shop, who offers quality instruments at a reasonable price.

**C. EVALUATION**

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

 The evaluation for the objective and the goal of the project are performance based. Currently, the string orchestras have an enrollment of over 200 students and perform in the fall, winter, and spring. In addition, all students perform in a solo/ chamber music recital each year. The 8th grade is designing a community outreach project. The high school students participate in the Tri-M National Music Honor Society and perform for the seniors at Carmel Manor. The high school orchestras travelled to Toronto to study with the conductor of the University of Toronto’s symphony orchestra. They performed at the Royal Ontario Museum for over a hundred people. This year the Chamber Orchestra has been selected to perform at the state convention in February. The chamber orchestra was voted the exemplar ensemble at last year’s KMEA Assessment Festival at NKU.

**D. BUDGET**

 • Will you consider accepting a partial grant if full funding is unavailable? How would you supplement or scale back the project? X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 15” Viola

Supplier Baroque Violin Shop

Budget Amount $525.00 per instrument

3 Violas x $525.00= $1575.00

 Total Request

**E. ADDITIONAL INFORMATION**

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

 The district string students and I truly appreciate your support in supplying so many instruments for the program over the years. As the program continues to grow, students who cannot afford to rent an instrument are able to participate because of your generosity. Thank you for supporting the fine arts in our school and in our community.

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

\_\_\_Kathy Anderson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_1/13/2020\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**ACTIONS TAKEN BY REVIEW PROCESS**

Date received by Principal:

Recommended or Not Recommended

Comments:

Date Received by Superintendent:

Recommended or Not Recommended

Comments:

Date Received by FTEF Grant Committee:

Recommended or Not Recommended

Comments:

FOR OFFICE USE ONLY

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