

101 McCartney Street

Yarmouth Superintendent’s Office

Yarmouth, ME 04096

**Project Proposal & Grant Application**

**Section I**

Project Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-applicant(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Position/Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School(s) that will benefit from grant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many students/teachers will this grant impact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated completion date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Cost of Project (round to the nearest dollar): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Cycle (Fall/Spring and Year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Category (Check the one category that your grant will impact the most):

Math\_\_\_\_ Language Arts\_\_\_\_ Science\_\_\_\_ Social Studies\_\_\_\_ Technology\_\_\_\_

Art\_\_\_\_ Music\_\_\_\_ ESL\_\_\_\_ Library\_\_\_\_ Health/Wellness\_\_\_\_ Physical Education\_\_\_\_

Special Education\_\_\_\_ Professional Development\_\_\_\_

**Section II**

*Mission: The Yarmouth Education Foundation (YEF) is an independent, 501(c)3 non profit organization dedicated to enriching the overall educational experience of students in the Yarmouth School Department. YEF promotes and enhances educational excellence by generating independent funding for innovative educational projects and initiatives that fall outside the standard budget and support the curriculum.*

1. Describe your project or event. Be sure to reflect on how it will meet the mission of YEF

(as stated above).

2. Describe how this project is innovative. How will the materials/program be utilized in a creative fashion?

3. How does this project improve/add value to the classroom and enrich/support the curriculum?

4. How will this grant inspire and motivate students to learn?

5. Does a program like this exist locally, nationally, or globally?

6. Could this program be expanded to other classrooms or grades?

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IT Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Before submitting a technology grant, please review your grant with your IT Administrator. Their signature is required when funds will be used to purchase technology and/or media equipment. This step must be completed before the Principal reviews the grant.***

**Section III**

**Itemized Budget**

(You may add/delete rows to the table as needed)

Supplies/Materials Unit Price Quantity Total for Item Vendor/Source

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Equipment Cost Unit Price Quantity Total for Item Vendor/Source

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Contracted Services

*(YEF does not pay for transportation, lodging or meals)*

Consultant Unit Price Quantity Total for Item Vendor/Source

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

Other Unit Price Quantity Total for Item Vendor/Source

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

Shipping Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total cost of project (please round to the nearest dollar):$*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Are there other organizations that might be able to provide funding on this project?

Will the project have ongoing operational expenses? If so, how will they be paid?

Could this project be partially funded? If yes, please explain.

**Section IV**

**Addendum for School Principal to complete:**

1. How does this idea and/or project impact students in a different way?

2. Has this been covered by the school budget in the past?

3. If this is a successful pilot program, can it be funded by your budget in the future?

School Principal Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section V**

**Addendum for Superintendent to complete:**

Superintendent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_