

**The Mohonasen Foundation for Excellence**

**Grant Proposal**

**Cover Sheet**

Date:

Proposal Title:

Primary Contact Person:

School Building:

Academic Area:

How can you be reached if there are any questions about this proposal?

E-mail:

Address:

Phone:

Requested Grant Amount:

Projected start and completion dates of project:

The following pages outline the application requirements and budget summary.

Send your proposal to:

The Mohonasen Foundation for Excellence

PO Box 4207 **•** Schenectady, NY 12304



**Mohonasen Foundation for Excellence, Inc.**

**Mission Statement**

The mission of the Mohonasen Foundation for Excellence, Inc. is to promote excellence in education in the Rotterdam-Mohonasen Central School District by generating and distributing financial and other resources to the district for innovative programs that enhance the quality of education, providing educational opportunities for all students, supporting staff development, and promoting school-community partnerships.

Guiding Principles

The Foundation will be guided in carrying out this mission by the following:

The Foundation will fund, through a staff-initiated grant application process, innovative programs and projects which enrich and support the academic curriculum and strengthen instruction.

The Foundation will provide resources which supplement but not supplant funds that are or should be included in the regular school budget or mandated by the state. It may provide seed money to help explore and support the startup of potentially on-going programs or activities, but not fund them on an on-going basis. Where possible, funds are to be combined with support from other sources.

The Foundation will support professional growth of staff by providing training beyond required coursework. It will provide funds for creative ideas, projects, and programs proposed by staff.

The Foundation will promote community awareness of educational challenges and solutions.

Grant Application

Date of Application:

Projected start and completion dates of project: to

Title for Grant:

Applicant(s):

Project Narrative: (Please note the text boxes are expandable. Please perform a “save as” of this document for your file.)

Purpose/Nature of grant:

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| --- |
|  |

Explain how the grant addresses the NYS Learning Standards:

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| --- |
|  |

What population of students will be targeted for this grant?

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| --- |
|  |

Number of students affected by proposed grant:

Are there any other populations of students that could be potentially affected by this grant?

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| --- |
|  |

What are the short-term goals/effects of this project?

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Should the grant applicant be unable to carry out the Grant who would complete the project?

Name:

How will this project be funded in the future when MFE funds have been expended?

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| --- |
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Additional Information:

Grant funds will expire one year from approval of grant. Unused money will revert back to the Foundation. Unused funds may be re-applied for with a letter to the Foundation explaining why funds were not expended during the grant year and a request for the use of remaining funds.

Please return the enclosed survey upon completion of your grant project or within one year of its approval. The results of the survey will assist us in assessing the effectiveness of the project and the Grant award.

* Please send or e-mail the Foundation any pictures relative to your project.
* Upon receipt of your grant approval, please notify the District Treasurer of the grant amount for establishment of a budget code.
* Be sure to submit all bills/invoices to the District Treasurer.

Check list:

Have you included your:

1. Grant Proposal Cover Sheet
2. Grant Application
3. Budget Summary
4. Administrative Support Form
5. Supplemental Information (Optional)

**Please send completed applications to the Foundation at:**

**The Mohonasen Foundation for Excellence**

**P.O. Box 4207**

**Schenectady, NY 12304**

**Budget Summary**

**Please provide a breakdown of expenses for your grant proposal.**

|  |  |  |
| --- | --- | --- |
| **Description** | **Cost** | **Total Expenses** |
|  | **$** | **$** |
|  | **$** | **$** |
|  | **$** | **$** |
|  | **$** | **$** |
|  | **$** | **$** |
|  | **$** | **$** |
| **Total Expenses** | | **$** |

**Administrative Support Form**

Name of Administrator:

Title:

Title of Grant:

Number of students affected long and short term by the grant project:

Are other students outside of the grant project affected? And if so, who and how?

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How will your involvement ensure completion of this project?

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Will there be a need to continue this project in the future?

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Why isn’t this project being funded by the district?

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What , if any, plans are there for funding this project after the MFE grant has been awarded?

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Please provide your thoughts of support of this project below:

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| --- |
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**Survey of Grant Project**

Return Survey of Grant Project within one year of approval date.

1. Name of Applicant:
2. Grant title:
3. Approval Date:
4. Grant Award: $
5. Was the project completed?

If not, please explain why the project has not been completed. When will the project be completed?

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| --- |
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1. Were all grant funds expended?
2. Were all bills/invoices submitted to District Treasurer?

If not, why not?

1. How many students were affected by the project?
2. Please explain how the students were affected by the project.

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| --- |
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1. Were there any students affected outside of your classroom. If so, how many and how?

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1. Would classes in subsequent years be affected? If so, how?

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1. Is the project still a part of the curriculum? If not, why not?

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1. Are there plans to continue the project? Will the same staff members be involved?

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1. How will the project continue to be funded?

Suggested funding: Outside sources, District

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1. How was the support of the Foundation recognized relative to this project?

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1. Additional Comments?

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| --- |
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**\*\*** **Please send or e-mail the Foundation any pictures relative to your project\*\***

**Please return survey within one year of approval date to:**

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**P.O. Box 4207**

**Schenectady, NY 12304**