



ALEXANDER PUBLIC SCHOOLS

Home of the Comets!

FOUNDATION GRANT APPLICATION DEADLINE FEB 1st

Do You Qualify for a Grant? Program or Project within Alexander Public Schools

_____ **YES** _____ **NO**

APPLICANT INFORMATION

Name of Organization or Group Applying for Grant

Mailing Address

City

, State

Zip

Primary Contact Person

Title or Role

Phone

Email

SPONSORSHIP INFORMATION: Board or Superintendent approved?

_____ **YES** _____ **NO**

PROJECT TYPE

Department? Arts Education program Sports ARTS Other

EMERGENCY SERVICES FAMILY SERVICES SENIOR SERVICES COMMUNITY DEVELOPMENT

PROJECT COST

SPECIFIC AMOUNT REQUESTED: \$ _____

WOULD YOU ACCEPT A GRANT FOR LESS THAN THE FULL AMOUNT REQUESTED? YES NO

WHAT IS THE TOTAL COST OF THE PROJECT/PROGRAM FOR WHICH YOU ARE ASKING FOR SUPPORT? \$ _____

DOLLAR AMOUNT YOUR PROJECT/PROGRAM HAS ALREADY RECEIVED? \$ _____



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PROPOSAL NARRATIVE

1 LINE SUMMARY OF REQUEST : _____

PLEASE USE THIS AREA TO DESCRIBE YOUR REQUEST & ORGANIZATION. YOU MAY ATTACH UP TO ONE (1) PAGE OF SUPPLEMENTAL INFORMATION ABOUT YOUR REQUEST OR ORGANIZATION, IF DESIRED/NEEDED. IF YOU ARE REQUESTING FUNDING FOR MORE THAN ONE PROJECT, PROGRAM, OR ITEM, PLEASE LIST ALL.

PLEASE PROVIDE A DETAILED DESCRIPTION OF YOUR PROJECT/PROGRAM & HOW THE GRANT FUNDS WILL BE USED IF AWARDED.

IF A GRANT FROM THE APSF IS NOT RECEIVED, HOW WILL THE PROJECT/PROGRAM CONTINUE WITHOUT THIS FUNDING?

OTHER THAN THE APSF, WHO ELSE HAS BEEN APPROACHED TO FUND THIS PROJECT/ PROGRAM AND IN WHAT AMOUNT?

PLEASE LIST TOTALS OF GIFTS RECEIVED FROM DONORS TOWARD THIS PROJECT/PROGRAM. (# OF GIFTS AND TOTAL AMOUNT)

INDIVIDUALS	BUSINESSES	FOUNDATIONS
# _____ \$ _____	# _____ \$ _____	# _____ \$ _____

IS THIS A ONE-TIME PROJECT/PROGRAM OR WILL IT REQUIRE ONGOING SUPPORT/FUNDRAISING? IF IT WILL REQUIRE ONGOING SUPPORT, HOW DO YOU PLAN TO SUSTAIN THE PROGRAM AFTER THE FOUNDATION'S GRANT IS EXPENDED?

WHICH DEMOGRAPHIC GROUP(S) ARE SERVED BY THIS PROJECT/PROGRAM? HOW MANY PEOPLE WILL BE AFFECTED BY THIS PROJECT/PROGRAM? HOW WILL THIS GRANT BENEFIT THIS GROUP OF PEOPLE?



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WHEN WILL YOUR PROJECT/PROGRAM BEGIN & WHEN WILL IT END? WHEN WILL GRANT FUNDS BE EXPENDED?

PLEASE SEND A COPY TO THE ADDRESS LISTED AT THE BOTTOM OF THE PAGE. THANK YOU!
