

**The Mohonasen Foundation for Excellence**

**Semi-Annual Direct Award**

**Grant Proposal**

**Cover Sheet**

Date of Application: 

Proposed Title of Grant: 

Primary Contact Person(s): 

School Building: \_\_\_ Primary

\_\_\_ Intermediate

\_\_\_ Middle School

\_\_\_ High School

Academic Area: 

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

**•** E-mail: 

**•** Phone: 

Requested Grant Amount: 

Projected start and completion dates of project:

Start: 

Completion:

The following pages outline the application requirements and budget summary.

Send your proposal to: The Mohonasen Foundation for Excellence

[Mohonasenfoundation@Gmail.com](mailto:Mohonasenfoundation@Gmail.com)



**Semi Annual Direct Award**

**Grant Application**

Date of Application:



Projected start and completion dates of project: to

Title of 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:

|  |
| --- |

Explain how the grant addresses the current district goals related to “Portrait of a Graduate”:

|  |
| --- |

Explain how the grant addresses the NYS Next Generation Learning Standards:

|  |
| --- |

What population of students will be targeted for this grant?

|  |
| --- |

Number of students affected by proposed grant: 

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

|  |
| --- |

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

|  |
| --- |

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |

**Additional Information:**

This grant opportunity is different from our prior process and will be conducted semi-annually. It will be competitive within building levels (Primary, Intermediate, Middle School and High School) and will be scored using an evaluation tool developed by the directors of the Foundation. All applications for this process should be submitted as a PDF file to the email address of the Foundation: [Mohonasenfoundation@gmail.com](mailto:Mohonasenfoundation@gmail.com)

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.

Once the grant is awarded, awardees are asked to submit, via email 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. In addition, we request the following:

* 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)

**Budget Summary**

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

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

**Is there any additional information you wish to include related to the budget items listed above?**

**Administrative Support Form**

Name of Administrator: 

Title: 

Title of Grant: 

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

From an Administrators perspective, how does this application or initiative support your building or district goals?

|  |
| --- |

Is there anything you would like to add to this proposal?

|  |
| --- |

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

|  |
| --- |

How will your involvement ensure completion of this project?

|  |
| --- |

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

|  |
| --- |

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

|  |
| --- |

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

|  |
| --- |

Please provide your thoughts of support of this project below:

|  |
| --- |