



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

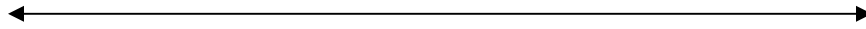
Requested Grant Amount: \_\_\_\_\_

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



MFE Directors Use Only

\_\_\_\_\_ Approved Date \_\_\_\_\_

\_\_\_\_\_ Denied Date \_\_\_\_\_

Expiration of Grant Funds \_\_\_\_\_

(One year from date of approval)

Survey Received \_\_\_\_\_ Date \_\_\_\_\_



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:

Explain how the grant addresses the NYS 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: \_\_\_\_\_

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

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
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total Expenses</b>		\$

## Administrative Support Form

Name of Administrator: \_\_\_\_\_

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

Title of Grant: \_\_\_\_\_

Number of student affected long and short term by the grant project: \_\_\_\_\_

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:

## 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?

6. Were all grant funds expended?  
\_\_\_\_\_

7. Were all bills/invoices submitted to District Treasurer?  
\_\_\_\_\_

If not, why not?

\_\_\_\_\_

8. How many students were affected by the project? \_\_\_\_\_

9. Please explain how the students were affected by the project.

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

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

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

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

14. How will the project continue to be funded?

Suggested funding: Outside sources, District

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

16. Additional Comments?

**\*\* 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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Schenectady, NY 12304**