

Radnor Educational Foundation
Grant Application Format
2016 - 2017

Please provide the following narrative and budget information:

1. Project Description: *(include the following information)*

- Describe what the project will involve and which students will participate (number, grade level & other relevant details).
- Who will conduct and manage the project? State name, address, phone, email, etc.
- Are there other participants (colleagues, parents, members of the school community)
- Methods for carrying out the project.
- Where will the project be implemented?

2. Project Need/Impact:

- Why is the project needed?
- How will it meet the perceived need?
- What impact will the project have on the Radnor community/students?

3. Project Schedule: (timeline for the project)

4. Evaluation

- What criteria have you set to determine if the project is a success?
- What tools/methods will you use to evaluate how these criteria have/have not been met?
Both qualitative and quantitative evaluative methods are welcome.
- What is this project’s future? That is, can it be sustained, expanded and/or replicated?
- Please identify any anticipated sources of future funding.

5. Budget (list as many items as necessary)

Project Expenses	REF\$	Other\$	Total
1.			
2.			
3.			
4.			
5. Documentation (attach budget sheet)			
TOTAL			

- What other sources of funding have you explored, such as PTO/PTSA, RTSD, local businesses, other foundations?
- Please list here the school/RTSD representatives (other than the required approvals below) with whom you have cleared this proposal, indicating whether the individual has signed off, done so conditionally or needs additional information. If sign off is conditional, or the individual needs more information, you will need to follow up with the Grants Committee before the proposal is approved.

Building Principal Signature: _____ **Date:** _____

Other necessary signatures: (including administrators or building staff that must approve this project. For example, all projects involving the instructional day must be approved by Dr. Maureen McQuiggan.)

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

Applicant Signature: _____ **Date:** _____