KySTE Outreach Grant Application Form

**(**For Office Use Only) Project/program Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Amount of Funds Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month to Evaluate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Application Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Funds Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Letter Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Report Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### KySTE Outreach Grant Application

**Maximum Grant Award can be found at www.kyste.org**

###### Deadline: Refer to KySTE website for deadlines.

#### Kentucky Society for Technology in Education, PO Box 1567, Elizabethtown, KY 42702

**Grants can be used for any grade level. Grants that are innovative and outside the regular classroom curriculum will be given priority.** Funds will be granted upon request. You ***MUST*** be a member of KySTE to apply. ***Your KySTE Membership Number is*** \_\_\_\_\_\_\_\_\_\_\_\_.

**Funding cannot be used for classroom equipment not directly related to the project/program, transportation, or teacher stipends. Teachers will not be funded for project/programs repeated more than two years.**

|  |  |
| --- | --- |
| Date |  |

*(Primary Applicant Info Required)*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Primary Applicant’s Name and Contact Person |  | Co-Applicant, if any |
|  |  |  |
| Home Address, Street, City, State, Zip |  | Home Address, Street, City, State, Zip |
|  |  |  |
| Home Phone |  | Home Phone |
|  |  |  |
| E-mail |  | E-mail |
|  |  |  |
| Position or Grade(s) taught |  | Position or Grade(s) taught |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of School | School Phone | School District |

|  |
| --- |
|  |
| School Address |

Please list below any teachers, other than applicant (and co-applicant), who are participating in the project/program.

|  |
| --- |
|  |
| Name, Address, Position or Grade(s) taught |

|  |
| --- |
|  |
| Signature of Superintendent/Finance Officer with Job Title *(electronic signature acceptable)* |

**All applicants must be actively involved in executing the grant.**

Please complete this application electronically and email to outreach@kyste.org. Please DUPLICATE the completed application and retain the copy for your file.

|  |  |
| --- | --- |
| 1. | Title and a one-paragraph summary of the project/program. (500 characters or less – approx. 100 words) |

Characters \_\_\_\_\_\_\_\_ / 500

|  |  |
| --- | --- |
| 2. | A. What is/are the goal(s) of the project/program?  B. Why do you think there is a need for it?  C. How will students benefit from participating in this project/program?  **Be as specific as possible and clearly state your expected outcomes. (1500 characters or less – approx. 250 words) \*This limit is for the entire section, regardless of the number of goals listed.** |

Characters \_\_\_\_\_\_\_\_ / 1500

|  |  |
| --- | --- |
| 3. | Describe your project/program in detail. Include materials you will need and the methods you will use. (6000 characters or less – approx. 1000 words) |

Characters \_\_\_\_\_\_\_\_ / 6000

|  |  |
| --- | --- |
| 4. | Give a time schedule of events. (600 characters or less – approx. 100 words) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Characters \_\_\_\_\_\_\_\_ / 600   |  |  | | --- | --- | | Number | Percentage | | | |
| 5. | |  |  | | --- | --- | |  |  |   Approximately how many students will be impacted by this project/program? |
| 6. | |  |  | | --- | --- | |  |  |   Approximately how many teachers will be impacted by this project/program? |
|  |  |
| 7. | This initiative supports the following population:  Statewide  Region  District  School  Classroom  Is this project scalable to include others in future years?  YES  NO |
|  |  |

|  |  |  |
| --- | --- | --- |
| 8. | Will this project/program be ongoing, continuing to be implemented in future years?  If YES, Explain your plan to continue project/program (600 characters or less – approx. 100 words) | YES  NO |

Characters \_\_\_\_\_\_\_\_ / 600

|  |  |
| --- | --- |
| 9. | Describe how you will assess your project/program outcome (500 characters or less – approx. 100 words) |

Characters \_\_\_\_\_\_\_\_ / 500

|  |  |
| --- | --- |
| 10. | List in detail the amount of expenditures requested from KySTE Outreach Grants. |

|  |  |  |
| --- | --- | --- |
| **ITEM** | | **AMOUNT** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| **TOTAL** | |  |

Complete and return the attached Final Financial Report as soon as the project/program is completed. The maximum amount of this grant can be found at kyste.org.

|  |  |  |
| --- | --- | --- |
| 11. | Amount Requested from KySTE Outreach Grants:  ***(See kyste.org for maximum)*** |  |
| Applicant Funding Commitment Amount  In-kind  Matching funds |  |
| Total Cost of Project/program |  |

|  |  |
| --- | --- |
| 12. | We MUST have a one to two sentence summation of the grant. This information will be used for publicity and for reporting. |

|  |  |  |
| --- | --- | --- |
| 13. | What month would you like KySTE representative to visit/observe your grant? |  |

Project/program should be completed by deadline listed at kyste.org.

Each grant recipient MUST file a post grant summary to remain eligible for future grants. By submitting this application, the applicant AGREES that KySTE Outreach Grants may share the information contained in this application. When discussing the project/program with the news media, mention that it was funded in whole or in part by KySTE Outreach Grants.

KySTE Outreach Grants was established in 2013 to serve all public schools in Kentucky. The grants are awarded to KySTE members in Kentucky for classroom, School, District, Region or State initiatives that increase technology learning opportunities for students.

Project/program Number \_\_\_\_\_\_

# KySTE Outreach Grants

# Final Financial Report

Amount allocated by KySTE Outreach Grants

**Instructions:**

1. Itemize expenditures on the project/program at the bottom of this page. (Use additional pages if necessary.)
2. Attach receipts or copies or receipts.
3. List the amount of any surplus funds and return them with this report (if applicable). The surplus funds and total of receipts should equal the amount of the allocation from KySTE Outreach Grants.
4. You may write your evaluation on additional pages if you choose to do so.
5. This report should be sent to KySTE Outreach Grants along with your evaluation of your project/program. **As soon as the project/program is completed, the report is to be signed and returned by the teacher.**

Email the report to: gary.grant@kyste.org

Grant Award Amount $\_\_\_\_\_\_\_

Minus - Total of Actual expenditures $\_\_\_\_\_\_\_ *(Not including matching fund amount, if any)*

Equals - These two numbers should equal $\_\_\_\_\_\_\_

*(If not, any excess needs to be remitted back to KySTE)*

GRANT RECIPIENT REQUIRED TO PARTICIPATE IN THE KySTE SPRING OR SUMMER CONFERENCE TO SHOWCASE THEIR PROJECT/PROGRAM

Teacher’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Last)

Superintendent/Finance Officer Signature Amount of District Input \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In-kind  Matching funds

(First) (Last) (Title)