

# KySTE 2021-2022 Outreach Application

Grants can be used for any grade level. Grants that are innovative will be given priority. Please refer to the grant scoring rubric for details. You **MUST** be a member of KySTE to apply.

Funding cannot be used for classroom equipment not directly related to the project/program, transportation, stipends, subs or paid positions. All grant funds must be expended within one year of the date of award.

This application must be completed all at one time. If you have any questions about the grant process, email [kysteoutreach@gmail.com](mailto:kysteoutreach@gmail.com).

The maximum amount that can be requested is \$10,000.

**\* Required**

1. Email \*

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## General Application Information

2. KySTE Membership Number \*

Must have an activate membership to be able to apply for the Outreach Grant.

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3. FEIN Number \*

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4. Primary Applicant's Name \*

(This person will be considered the contact person for the grant.)

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5. Address (Street, City, State, Zip) \*

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6. Phone Number \*

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7. Email \*

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8. Position or Grade(s) Taught \*

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9. Co-Applicant Name (if any)

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10. Co-Applicant Address (Street, City, State, Zip)

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11. Co-Applicant Phone Number

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12. Co-Applicant Email

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13. Co-Applicant Position or Grade(s) Taught

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14. Name of School \*

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15. School Phone # \*

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16. School District \*

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17. School Address \*

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

(Include name and position or Grade(s) taught

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## Project Application

19. Title of Project \*

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20. One paragraph summary of the project/program \*  
(600 characters or less including spaces)

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21. Address the following: Why do you think there is a need for it? What is/are the goal(s) of the project/program? How will this project impact student learning? \*  
Be as specific as possible and clearly state your expected outcomes. SMART goals are encouraged. (1700 characters or less including spaces)

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22. Describe your program design and implementation including alignment to KySTE's mission, improving effectiveness, integrating technology in the curriculum, professional development and coordination as referenced in the KySTE Outreach Rubric. \*

(6500 characters or less including spaces)

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23. Give a time schedule of events. \*

(700 characters or less including spaces)

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24. Approximately how many students will be impacted by this project/program? \*

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25. Approximately what percentage of the student population does this represent? \*

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26. Approximately how many teachers will be impacted by this project/program? \*

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27. Approximately what percentage of the teachers will be impacted by this program/program? \*
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28. This initiative supports the following population(s): \*

*Check all that apply.*

- Statewide  
 Region  
 District  
 School  
 Classroom

29. Is this project scalable to include others in future years? \*

*Mark only one oval.*

- Yes  
 No

30. Will this project be ongoing, continuing to be implemented in future years? \*

*Mark only one oval.*

- Yes  
 No

31. If YES, explain your plan to continue project/program. If NO, explain why not. \*

(600 characters or less including spaces)

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32. Describe how you will assess your project/program outcome. \*

Make sure the evaluation matches the stated goals. (600 characters or less including spaces)

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**Proposed  
Budget**

List in detail the amount of expenditures requested from KySTE Outreach Grants. Funding cannot be used for classroom equipment not directly related to the project/program, transportation, furniture, indirect costs, electrical wiring/drops, or stipends, subs or paid positions.

33. Item #1 Description \*

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34. Item #1 Amount \*

(Enter amount as 4500.50 not \$4,500.50)

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35. Item #1 Justification \*

Briefly explain how it would be used. (100 characters or less including spaces)

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36. Item #2 Description

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37. Item #2 Amount

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38. Item #2 Justification

Briefly explain how it would be used. (100 characters or less including spaces)

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39. Item #3 Description

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40. Item #3 Amount

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41. Item #3 Justification

Briefly explain how it would be used. (100 characters or less including spaces)

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42. Item #4 Description

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43. Item #4 Amount

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44. Item #4 Justification

Briefly explain how it would be used. (100 characters or less including spaces)

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45. Item #5 Description

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46. Item #5 Amount

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47. Item #5 Justification

Briefly explain how it would be used. (100 characters or less including spaces)

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48. Item #6 Description

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49. Item #6 Amount

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50. Item #6 Justification

Briefly explain how it would be used. (100 characters or less including spaces)

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51. Item #7 Description

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52. Item #7 Amount

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53. Item #7 Justification

Briefly explain how it would be used. (100 characters or less including spaces)

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54. Item #8 Description

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55. Item #8 Amount

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56. Item #8 Justification

Briefly explain how it would be used. (100 characters or less including spaces)

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57. Item #9 Description

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58. Item #9 Amount

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59. Item #9 Justification

Briefly explain how it would be used. (100 characters or less including spaces)

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60. Item #10 Description

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61. Item #10 Amount

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62. Item #10 Justification

Briefly explain how it would be used. (100 characters or less including spaces)

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Match/In-  
Kind

You are encouraged to match the KySTE grant, either with funds from another source or with in-kind items. If you plan to provide a match, please complete the questions below as needed to describe the items, indicate whether they are matching funds or in-kind items, describe how they would be used in conjunction with your grant, what the funding source is (examples: PTA, KETS, school activity funds), and how much the item is worth.

63. Item #1 - Match or In-Kind?

*Mark only one oval.*

Match

In-Kind

64. Item #1 -Describe the item and how it would be used to support your grant.

(100 characters or less including spaces)

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65. Item #1 - What is the funding source of this item?

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66. Item #1 - What is the amount or value of this item?

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67. Item #2 - Match or In-Kind?

*Mark only one oval.*

Match

In-Kind

68. Item #2 -Describe the item and how it would be used to support your grant.

(100 characters or less including spaces)

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69. Item #2 - What is the funding source of this item?

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70. Item #2 - What is the amount or value of this item?

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71. Item #3 - Match or In-Kind?

*Mark only one oval.*

Match

In-Kind

72. Item #3 -Describe the item and how it would be used to support your grant.

(100 characters or less including spaces)

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73. Item #3 - What is the funding source of this item?

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74. Item #3 - What is the amount or value of this item?

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Final Overview

75. What is the total amount being requested from KySTE Outreach Grants? (Can not exceed \$10,000.) \*

(Enter amount as 4500.50 not \$4,500.50)

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76. What is the applicant funding commitment amount from in-kind and/or matching funds? \*

(Enter amount as 4500.50 not \$4,500.50)

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77. What is the total cost of the project/program (amount requested + applicant funding commitment)? \*

(Enter amount as 4500.50 not \$4,500.50)

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78. We MUST have a one to two sentence summation of the grant. This information will be used for publicity and for reporting. \*

(350 characters or less including spaces)

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79. If your project is awarded, would you be willing to create a 1-2 minute video to highlight your project once implemented. This video could be used for promotion at the KySTE conference, on the KySTE website and through social media. \*

*Mark only one oval.*

- Yes
- No
- Maybe

### Submission

80. I certify that submission of this application constitutes approval by the Superintendent or Finance Officer of my district. Please type his/her name below as an electronic signature. \*

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81. What is the job title of the person listed above? \*

*Mark only one oval.*

Superintendent

Finance Officer

Other: \_\_\_\_\_

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