

Steamboat Springs Education Fund Community Grant Application 2018

Organization Name*

Grant Name*

Total SSEF Grant Funds Requested:*

Contact Name*

Email*

Phone*

Mailing Address*

Street Address

Address Line 2

City

State

ZIP Code

I. PROJECT NARRATIVE

A. Need/Opportunity*

What need/opportunity is being addressed by this request?

B. Project Summary*

Provide a project summary that details how receipt of SSEF grant funds will be used to address the need/opportunity above.

C. Project Alignment*

1. Please describe how your project aligns with the SSEF mission statement.

Project Alignment Continued*

2. Please describe how the proposed project is aligned with applicable education standards and best practices.

D. Number of Students Impacted*

Please give the number and grade levels of students, including any special populations to be targeted. Please specify which schools and districts will participate.

E. S.M.A.R.T. Goal 1*

Use this space to enter a S.M.A.R.T. Goal related to your project. Please include all of the following:

Specific - Focus on Outcomes (e.g. changes in behavior or achievements) rather than Outputs (e.g. 35 Ipads)

Measurable - How will you and your evaluator know the goals are completed?

Attainable - Can the goals be completed within the next year?

Realistic - What support or resources do you need to accomplish the goals?

Timeline - Dates the goals will be completed.

S.M.A.R.T. Goal 2 (optional)

F. Collaborative Effort - Admin Name*

Review and approval of this application by a District/School Administrator is required prior to submission. Please give name, title, and contact information for the Administrator who reviewed and approved this application.

First Name* Last Name*

Admin Title*

Admin Email*

Admin Phone*

II. FINANCIALS

A. Budget Detail*

1. Please download the budget template (opens in a new window), complete with proposed expenditure details of the project that would use SSEF funds, and upload here.

2. Budget Detail Continued

Please use the space below to provide further explanation of your budget attachment, if needed.

B. Other Funding*

1. If no funding from the SSEF is received for this grant request will the need be addressed by other means?

Other Funding Continued*

2. If full funding cannot be achieved and only partial funding is awarded by SSEF, what changes would be made to the program?

C. Grant History

Detail the 3-year history of grants received from the SSEF to address this need, if applicable.

D. Future Funding*

What is your organization's plan for funding this program in future years?*

E. Income Statement*

Please attach the previous fiscal year income statement. Acceptable file types: pdf, xls, xlsx, doc, docx

F. Balance Sheet*

Please attach the previous fiscal year balance sheet. Acceptable file types: pdf, xls, xlsx, doc, docx

III. Additional Information

Please give any other relevant details not included above.

Additional Files

(Accepted File Types: pdf, doc, docx, jpg, jpeg, xls, xlsx)

Provisions for 3 files.