



AUBURN EDUCATION FOUNDATION

Making Dreams Come True
 P. O. Box 6313 Auburn, CA 95604
 www.AuburnEducationFoundation.org

GRANT APPLICATION FORM
School-wide Sustaining Supplemental Grant
AEF Grant

Application is being made for :

- AEF Grant
- School-wide Sustaining Supplemental Grant

<i>AEF Grant</i> <i>Fall Time line and Due Dates</i>		<i>AEF Grant</i> <i>Spring Time line and Due Dates</i>		<i>Sustaining Supplemental Grant</i> <i>Time line and Due Dates</i>	
<i>Application :</i>	October 15	<i>Application :</i>	April 15	<i>Application :</i>	April 15
<i>Award Notification:</i>	November 15	<i>Award Notification:</i>	May 15	<i>Award Notification:</i>	May 15
<i>Receipts :</i>	April 15	<i>Receipts :</i>	October 15	<i>Receipts :</i>	October 15
<i>Project Reports</i>	October 15	<i>Project Reports</i>	April 15	<i>Project Reports</i>	April 15

Before completing this application, please review the attached AEF Grant Guidelines and Procedures. They are also found in each school office, in the AEF Handbook located at each school and at the District Office, and at www.auburneducationfoundation.org. For assistance, please speak with your site representative.
 Mail Application to: Auburn Education Foundation. P. O. Box 6313. Auburn, CA 95604, attention: AEF Grant Chairperson

Name(s): _____ Date of Application: _____

School: _____ Project Title: _____
 Phone : _____

Position: _____ Grade Level(s) Included: _____ No. of Students Included: _____

Home Phone: _____ Implementation Date: _____ Budget Request: _____

Principal Signature: _____ Applicant Signature: _____

PROJECT PROPOSAL

1. DESCRIBE THE PROPOSED PROJECT:

Project Title: _____

2. DESCRIBE THE NEED FOR THIS PROJECT:

3. WHAT ARE THE GOALS OF THIS PROJECT?

4. IF APPLICABLE, WHAT CURRICULUM STANDARDS DOES THIS PROJECT ADDRESS?

5. HOW DOES THIS PROJECT INCORPORATE COMMUNITY RESOURCES, VOLUNTEERS, TEAM TEACHING, OR STUDENTS OF DIFFERENT AGE GROUPS?

Project Title: _____

6. HOW WILL YOU DETERMINE WHETHER YOUR OBJECTIVES HAVE BEEN ACHIEVED AND YOUR PROJECT A SUCCESS? DESCRIBE YOUR EVALUATION PLAN.

7. LIST A TIME LINE OF ACTIVITIES AND EVENTS.

8. DETAIL YOUR BUDGET REQUEST. PROVIDE SPECIFIC INFORMATION SUCH AS KINDS OF MATERIALS AND EQUIPMENT TO BE PURCHASED, HONORARIUMS, ETC. SUPPLIER, AND COSTS. (Attach if necessary)

Item

Supplier

Budget Amount

Applicant Signature _____

<i>Foundation Use Only</i>						
Grant Number	Date Received	Date Approved	Allocation	Review Again	Not Funded	Notification Sent

