



ALEXANDER PUBLIC SCHOOL
FOUNDATION
GRANT APPLICATION

ELIGIBILITY REQUIREMENTS

This grant will be awarded to a teacher/group/organization from Alexander Public School whose application shows a need for an educational project/program that falls outside of the general budget for the school, and which will be beneficial to multiple students within the school.

APPLICATION DUE DATE: February 1st

APPLICANT INFORMATION

Name of Teacher/Group/Organization applying for Grant

Mailing Address

City

State

Zip

Primary Contact Person

Title or Role

Phone

Email

SPONSORSHIP INFORMATION: Is this project/program approved by the Superintendent and/
or School Board?

Yes _____ No _____

PROJECT NAME: _____

PROJECT COST:

Specific Amount Requested: \$ _____

Would you accept a grant for less than the full amount requested? Yes _____ No _____

What is the Total Cost of the project/program for which you are asking for support? \$ _____

What is the Dollar Amount your project/program has already received? \$ _____

PROPOSAL NARRATIVE

Please use this area to describe your request & organization. You may attach up to one (1) page of supplemental information about your request or organization if desired/ needed. If you are requesting funding for more than one project, program, or item, please list all.

Please provide a detailed description of your project/program and how the grant funds will be used if awarded:

If a grant from the APSF is not received, how will the project/program continue without this funding?

Other than the APSF, who else has been approached to fund this project/program, and in what amount?

Please list totals of gifts received from donors toward this project/program (number of gifts and in what amounts)?

Is this a one-time project/program, or will it require ongoing support and fundraising? If it will require ongoing support, how do you plan to sustain the program after the Foundation's Grant is expended?

Which demographic group(s) are served by this project/program? How many people will be affected by this project/program? How will this grant benefit this group of people?

Is there any other information you can give that would help us decide upon awarding this grant?

I understand that if an APSF grant is awarded, the funds must be used toward the specific project/program in the manner as described above in this application.

Signature of Applicant _____ Date _____

Make sure your application is complete, and that your application is postdated by February 1st.

Submit to:

Alexander Public School Foundation
c/o Anne-Marie Balcer
14200 41st St NW
Alexander, ND 58831