

NOTE: Download this form to your computer and SAVE with your name, then proceed to complete the form. **Items in red are required fields.** Once the form is complete, email to BOTH your principal and ASF at: asf@ashland.k12.or.us

Contact erica@ashlandschoolsfoundation.org (or phone: 262-510-8428) with any questions about grant funding or process.



Ashland Schools Foundation 2022-23 Impact Grant Application & Budget Form

ASF USE ONLY
Grant #:
Date Rec'd:
Amt Apprvd:

Part A - Summary

Project Title:	School:
When will your grant activity take place?	<input type="checkbox"/> SPRING /SUMMER <input type="checkbox"/> FALL <input type="checkbox"/> ONGOING
What specific dates, if any?	Start Date: _____ End Date OR ongoing: _____
Amt requested FROM ASF(whole \$):	Additional income you're seeking from other sources?

Name(s) LEAD TEACHER (for communications):	Teacher's class name involved in grant activity	Grade(s) of students in class	Work Phone & Ext	E-Mail (if other than standard school email)
ADDITIONAL ASD TEACHERS:				

How many Ashland students will this project serve <u>directly</u>?	_____ What grade(s)? _____
How many add'l students (if any) might benefit <u>indirectly</u>?	_____ What grade(s)? _____

Who are the indirect students and how might they benefit? (answer below) *Example: Students learn a skill (direct benefit) and then teach younger students in the school (indirect benefit.)*

Which curricular area(s) does this project address?

Math	Lang. Arts/World Lang.	Science	Health/PE
Fine Arts	Professional / Technical	Soc.Studies/History	Other? (Describe below)

Part B – Grant Description

Type in the text boxes below - the box will open a scroll bar if your text exceeds the size of the box. That's OK!

1. Summarize your grant idea - feel free to add detail so Grant Committee members understand your intentions.

2. What, specifically, are you requesting funding for from ASF?

3. Complete a budget of total costs below. Personnel should not exceed \$30/hour (unless special circumstances you'll need to explain - if they'll do it for less, even better!). Include a payroll costs line item - 10% of personnel costs.

Select budget category below.	Item/Name:	Quantity or # hours	\$ Each or Hourly Rt	Total \$ (autofill)
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TOTAL GRANT COSTS:

AMT REQ FROM ASF:

4. What do you hope to accomplish with this grant?

ASF Vision Statement:

The Ashland Schools Foundation empowers educators, embraces diversity, promotes inclusion, and advocates for a vibrant, holistic education for every student.

5. In just a few lines, how does your grant support the vision (above) of the Ashland Schools Foundation?

6. Additional comments or anything else you'd like us to know?

Part C - Applicant's Signature

I hereby confirm that if my grant is funded I will spend those funds only in ways as described in this application.

Electronic Signature (if available) ↓

Name:

Date:

Part D – Principal's Concurrence

I hereby confirm that the grant application that is submitted here meets the curriculum goals of the school and has the concurrence of the school administration and/or site council.

Electronic Signature (if available) ↓

Name:

Date: