



THE EDUCATION FOUNDATION FOR TYNGSBOROUGH, INC.

Please review information about our grant program, including criteria for grants and grant review process, at www.eftyng.org before submitting an application.

Final submission date : March 15 (Spring) / October 15 (Fall – *Not Currently Available*)
Spring Grants will be decided by May 15 and applicants notified by May 30.
Fall Grants, when available, will be decided by December 15 and applicants notified by December 30.
All Grants will be formally announced and celebrate our Annual Awards Ceremony in June.
Submit your completed application to : Education Foundation for Tyngsborough, Inc.
P.O. Box 370, Tyngsborough, MA 01879.
If you have any questions, please contact Sharon Hole (masspenn19@yahoo.com or 978/649-3973),
Diana Keohane (dianakeohane@comcast.net or 978/649-4357) or Phyllis Beck (p7beck@msn.com or 978/649-4481).

Part I: GRANT PROJECT INFORMATION

1. **Title of Grant:** _____
2. **Amount requested:** \$ _____
3. **Participants:** How many participants do you expect?
 _____ TES _____ THS
 _____ TMS _____ Other (please explain)
4. **Summary:** Please provide a **one- or two-sentence** summary of your project.

5. **Location:** Where will your project be conducted?

6. **Number and length of sessions:**

Part II: GRANT PROJECT DESCRIPTION

Please attach a written description of the following information. Do not exceed one page each.

7. **Project description.**
8. **Detailed project timeline.**
9. **Benefits:** How will participants benefit from this project?
10. **Evaluation:** What process(es) will be used to evaluate and report the success of the project upon its completion?

Part III: FINANCIAL INFORMATION

11. Has this grant proposal been funded by the Education Foundation for Tyngsborough or any other group or organization in prior years? Yes No
If yes, from whom? _____
Was the project fully or partially funded? _____
12. Are you seeking other sources of funding? Yes No
If yes, how much is being requested and from whom? _____
When will you receive a determination on this additional source of funding? _____
13. Please attach a detailed breakdown/explanation of how grant monies will be spent. Be sure to address costs for:
a. **Supplies**;
b. **Equipment** (Please explain why it is needed and how it will be used at completion of project);
c. **Personnel** (Please include hourly rate and total number of hours).
14. Could this grant be partially funded? Yes No
If yes, please explain how and the amount of money necessary for this option. _____

15. **Payment Information:** Payments will be made to the Tyngsborough Public School District for reimbursement to the applicant upon implementation of the project.

Part IV: APPLICANT INFORMATION

(Please note that all correspondence regarding this grant will be sent to the primary applicant only.)

16. Primary Applicant:
Name: _____
Title and Organization: _____
Affiliation with the Tyngsborough Public School District, including:
(a) position(s) held _____
(b) date(s) _____ and
(c) locations _____
Mailing Address: _____
E-Mail Address: _____
Telephone: _____

Additional Applicant(s) (attach additional sheets as necessary for additional applicants):

Name: _____

Title and Organization: _____

Affiliation with the Tyngsborough Public School District, including:

(a) position(s) held _____

(b) date(s) _____ and

(c) locations _____

Mailing Address: _____

E-Mail Address: _____

Telephone: _____

- 17. If portions of the grant project will be performed by individuals other than the applicant(s), please supply the following information for each recipient: (Attach separate sheet if necessary.)

Name: _____

Title: _____

Organization: _____

(a) position(s) held _____

(b) date(s) _____

Mailing Address: _____

E-Mail Address: _____

Telephone: _____

Part V: AUTHORIZATIONS AND SIGNATURES

- o Programs offered at a single school require the authorizing signature of that school's principal.
- o Programs available at more than one school should have the authorizing signature of each school's principal.
- o Programs that involve all schools require an authorizing signature from Central Administration personnel such as the Curriculum Coordinator, Director of Special Education, or the Superintendent of Schools.
- o Education Foundation for Tyngsborough will only fund equipment for which there is a demonstrated need and which plays an integral part of a grant request. Any equipment funded by an Education Foundation for Tyngsborough grant becomes the property of the Tyngsborough Public School District and a signature attesting to this is required on the application at the time of submission.

18. Signatures:

Primary Applicant

Additional Applicant(s) – *Attach additional sheets or signatures below, as necessary*

Authorizing Agent(s) – *Attach additional sheets or signatures below, as necessary*

Part V: CHECKLIST

(For your record only. Do not submit with your application.)

Please take a moment to review this checklist to ensure you have included all of the following required elements:

- Target population identified**
- Objectives identified**
- Specific timeline identified**
- Anticipated benefits detailed**
- Evaluation process detailed**
- Responsible and detailed budget attached**
- Administrators or other persons necessary for project success identified**
- Necessary authorizations included with required signatures (see Section V)**
- Application contains all necessary signatures (Section V, item 18)**

Thank you for submitting an application. The Education Foundation for Tyngsborough acknowledges the time, effort and consideration applicantsexpend in creating each proposal. We truly appreciate your interest in enhancing the education of our children and youth.