



2019-2020 Grant Application

Grant Guidelines:

- You may request any amount, but typical grants will fall in a range of \$1,000-\$2,500
- Proposals for funding must be for private or public school districts in Lewis or Jefferson Counties
- All programs and/or projects must be associated with school safety and occur during the school year once grant funding is awarded
- Funding is not awarded as a means of reimbursement for programs or initiatives that have already been held in schools
- Programs/projects must be approved by the respective school district as indicated by the signature of the School Administrator
- Proposals may come from students, teachers, or administrators
- Grants can only be made to 501c3 organizations or school districts
- Applications are due by Monday, November 4, 2019
- Additional paperwork may be attached if spacing does not allow for a full response and/or it will support the application
- Rubric is included at the end of the application

School District(s): _____

Point of Contact: _____ Date: _____

Address: _____

Telephone: _____

Email: _____

School Building(s) to be Served: _____

Please describe proposed program and/or project including information, data, documents that may help the committee better understand the proposal:

Describe how this grant will impact school safety:

Describe the need that exists to which this program is responding:

Is this a proposed new or existing program? _____

What is the definition of success for this program and how will success be measured:

Budget Information. Please identify the costs associated with the program. You may use estimated figures.

Describe any cooperative efforts with other schools or community organizations. Please include details of any collaborative use of resources:

How might this program help increase awareness of Safe Schools Endeavor:

List all other sources, status and amounts of funds sought for this program in order of amount (If achieved, proposed or pending please indicate).

Amount of funding requested from SSE \$ _____

To the best of my knowledge the above information and attached sheets reflect accurate information as of the date below. I/We will be responsible for informing the Safe Schools Committee of any changes to the contents of this application. We understand that should the project not take place that the funding disbursed to the applicant(s) for the stated purpose needs to be returned to Safe Schools Endeavor.

Printed Name of Point of Contact: _____

Signature of Point of Contact: _____ Date: _____

Printed Name of School Administrator: _____

Signature of School Administrator: _____ Date: _____

Please mail completed grant application to:
Safe Schools Endeavor
% Northern New York Community Foundation
131 Washington Street
Watertown, NY 13601
Applications may be faxed to:
315-782-0047

If you have questions please contact Mrs. Erika Flint at eflint@fdrhpo.org.