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**YES! Grant Application**

Thank you for your interest in the Putnam City Schools Foundation (Foundation) YES! Grant program. The goal of this program is to fund projects that will help schools meet their educational goals while supporting the Foundation’s Mission: *to enhance and enrich the educational opportunities of children in Putnam City Schools*.

Please read the *Grant Application Guidelines* carefully before completing this application. Your signature below signifies that you have read and understand all of the guidelines.

All proposals must include this application form. If you have any questions regarding this application and its requirements, please contact the Foundation.

**PLEASE TYPE**

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| School Name: |  | | | | | | Principal: | | |  | | | | | |
| Applicant(s) Name(s): |  | | | | | | | | | | | | | | |
| Job Title(s)/Subject (s): | |  | | | | | | | | | | # of years in district: | | |  |
| Daytime Phone: |  | | | | Email: |  | | | | | | | | | |
| Amount Requested: |  | | | | # of students served: | | | | |  | | | | | |
| Project Title: |  | | | | | | | | | | | | | | |
| Subject Area(s): |  | | | | | | | | Grade Level(s): | |  | | | | |
| Have you listed this project on DonorsChoose.org? If not, please explain why. | | | YES  No |  | | | | | | | | | | | |
|  | | **Signature (\*required)** | | | | | **Please Print Name** | | | | | | | **Date** | |
| ***Application will be returned if the required signatures are not present.*** | | | | | | | | | | | | | | | |
| \*Applicant: | |  | | | | |  |  | | | | |  |  | |
| \*Principal: | |  | | | | |  |  | | | | |  |  | |
| \*Curriculum Coordinator or Executive Director: | |  | | | | |  |  | | | | |  |  | |
| Information Technology (if technology related): | |  | | | | |  |  | | | | |  |  | |
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**Please return completed application to:**

Putnam City Schools Foundation, Attn: Catrina Cantwell, 5401 N.W. 40th St, Oklahoma City, OK 73122

[ccantwell@putnamcityschools.org](mailto:ccantwell@putnamcityschools.org) 495-5200 ext. 1205

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| **Foundation Use Only** | | | | |
| 🞎 Approved | $ Approved |  | Notes: |  |
| 🞎 Declined | Date Notified: |  |  |  |

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| 1. Provide a brief description of your grant request in 200 words or less. |
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| 2. How will this grant benefit your students and/or school? Do you feel as though this project could be replicated within the District? Explain. |
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| 3. Does this grant align with District initiatives? If so, how? Please list initiatives. |
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| 4. Explain the step-by-step process for implementation of the project including a detailed time line. |
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| 5. How does the project align with Foundation goals? |
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| 6. What ties does this project have to your curriculum? What lessons will you present related to the project? |
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| 7. How will you measure the success of this grant? |
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| --- | --- | --- | --- |
| 8. Financial Detail:  Provide a total budget for your grant request with all revenue and expenses. Include any funds already raised and a description of each item incorporated in this grant and their cost. Pictures of supplies/materials are helpful. Other miscellaneous costs should also be included, such as shipping and handling, etc. Be specific. | | | |
| Item | Description | Quantity | Cost |
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| Total Budget Amount: | | |  |

Please limit attachments to 5 pages.

Attachments might include: material samples, student samples, etc.