## Rooted in Faith – Forward in Hope Grant 2018

***Expanding the Educational Landscape with Innovation***

*Grant Application – Cover Sheet*

*(Please save this form to your desktop, complete and return via email or US MAIL to Lori Eppich leppich@dioceseofcleveland.org.)*

Name of Applicant

Title

School Name

School Address

City

Zip Code

School Phone

Applicant extension

Applicant email

Contact Person if different from Applicant

Phone number/extension of Contact Person

Federal Tax ID

Tax Status

Principal Signature of Approval

Pastor/President Signature of Approval

Project/Program Amount Being Requested (in whole numbers)

Category of Grant: Please check one:

Technology ☐

Facility/Environment Enhancements ☐

Educational Enrichment and Curriculum ☐

*Expanding the Educational Landscape with Innovation*

***– Project Explanation***

Project/Program Title

***Please briefly describe your project/program in 10 words or less***. You will have an opportunity to fully describe your project below. Examples: Providing increased access to the Internet in the classroom; Enhancing the learning of science through supplemental programs; Creating an environment for artistic development; Creating a sacred prayer space for students; Modifying antiquated bathrooms, water fountains or other facilities.

Project Name:

Project/Program Start Date:

Project/Program End Date:

**Project Description** (See criteria for each area funded by this grant program for assistance in writing your description.)

Explain the project/program to be funded by this request.

How will this advance your mission?

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***– Project Explanation***

How does it support the accomplishment of an OCSAA Goal, which one? (Optional)

What are your goal(s) and objectives for this project? Please be specific and concise.

How will you know that you have met your goal(s) and objective(s)? What activities will ensure success?

When the project/program is completed, what do you hope will have been accomplished?

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***– Project Explanation***

If a program, do you anticipate it to be ongoing, and if so, what provisions will you make to ensure its success?

Does your project/program budget include a request for continued funding of the program; what other funding sources will supplement the grant?

How will you measure success of the program/project?

Number of persons served by the program/project

Project Budget

What is the total cost of the program/project? Whole numbers only

# DO NOT RETURN THIS SHEET

IMPORTANT!

*Before returning your grant proposal, please refer to the Rubric (separate sheet) To ensure that you have provided the information needed to the*

*Advisory Group approving the grants.*

Please **email (leppich@dioceseofcleveland.org) or** mail the completed application to**:**

## Lori Eppich

Office of Catechetical Formation and Education 1404 East Ninth Street, Cleveland, OH 44114

**Grant Applications for Round SEVEN of *Expanding the Educational Landscape* are due between**

**October 8, 2018 through**

**November 30, 2018.**

**Grants for Round SEVEN will be decided**

**by Mid-January, 2019.**

# Grant Awards will be presented

# Mid- February 2019

# *Location and Date to be announced.*

Expanding the Educational Landscape

Budget Information

|  |  |
| --- | --- |
| **PARISH/SCHOOL FINANCIAL INFORMATION** | |
| Organization’s Budgeted Expenses for Current *Year*  *(give fiscal year end mm/dd/yy)* |  |
| Endowment Size (*market value as of fiscal year mm/dd/yy*) |  |
| Organization’s Major Funding Sources |  |
| **ORGANIZATION’S AFFILIATION** | |
| Parish School | |

|  |  |
| --- | --- |
| **SUMMARY REQUESTED DATA** | |
| Program/Project Title |  |
| Total Budget for this Program/Project (summarized budget costs below.) |  |
| — Equipment (Including Computers and Wiring) |  |
| — Contractual, (Construction, Installation) |  |
| — Workshop, Professional Development |  |
| — Materials (Software) |  |
| — Other Specify |  |
| Anticipated Project Start Date |  |
| Community served by this Program/Project |  |
| Total Number of people to be served during grant period |  |
|  | |
| **TYPE OF REQUEST** (check all that apply) | |
| Technology Facility Educational Enrichment | |
| **SIGNATURES** (both are required unless otherwise specified by funder) | |
| Signature of Pastor/Administrator |  |
| Prepared by: |  |