

Rooted in Faith – Forward in Hope Grant 2020
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) _____

Maximum Request \$25,000

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 Catholic Education
1404 East Ninth Street, Cleveland, OH 44114

**Grant Applications for Round Nine of
Expanding the Educational Landscape are due
November 16, 2020**

**Grants for Round Nine will be decided
in December 2020**

**Grant Awards will be presented
January 2021**

Expanding the Educational Landscape
Budget Information

PARISH/SCHOOL FINANCIAL INFORMATION	
Organization's Budgeted Expenses for Current Year <i>(give fiscal year end mm/dd/yy)</i>	
Endowment Size <i>(market value as of fiscal year mm/dd/yy)</i>	
Organization's Major Funding Sources	
ORGANIZATION'S AFFILIATION	
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Parish <input type="checkbox"/> 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 (Please circle all that apply)	
<input checked="" type="checkbox"/> Technology <input checked="" type="checkbox"/> Facility <input checked="" type="checkbox"/> Educational Enrichment	
SIGNATURES (both are required unless otherwise specified by funder)	
Signature of Pastor/Administrator	
Prepared by:	