**\*\*Application deadlines: 1st of each month\*\***

*For assistance with this application, contact MCS Grant Writer Lorre Gregory at 607-286-7721 ext. 8408 or lgregory@milfordcentral.org*

# Milford Central School Education Foundation, Inc.
# Foundational Grant Application

| Project Title | |
|---|---|
| Individual or Group Requesting Funding | |
| Contact Person/ Project Manager | |
| Phone | |
| Email | |
| Address | |

## PROJECT NARRATIVE (Attach to Application)

A) **OVERVIEW**: Briefly describe your Project. Include
  - objectives,
  - target audience (i.e., students, classes, grades involved),
  - activities involved, and
  - expected outcomes.

B) **TIMELINE**: Share a brief Project timeline in written or visual form.

C) **FUNDING REQUEST**:
- ○ Using the Budget Attachment worksheet (attached), identify the TOTAL funding request and include an itemized (tax-exempt) budget.
  - ■ Items can include Project materials, equipment, professional services, etc.
- ○ List other organizations you have approached for funding of your Project and any contributions they will make towards your Project.
  - ■ Examples: MCS, the Village of Milford, Town of Milford, county/regional/state/national organizations, etc.

D) RATIONALE: Discuss why this project is important. Include
- ○ how it aligns with the mission/purpose/goals/values of MEF;
- ○ how it complements District goals; and
- ○ how it will benefit students in the MCS District.

E) SUSTAINABILITY: Discuss how this project or its materials/equipment can be used by other classes and/or in upcoming school years.

------------------------------------------------------------------------------------------------

_____     _____

Signature of Applicant                                                    Date


**REVIEWED BY**

Principal
_____     _____

Signature                                                    Date


Superintendent
_____     _____

Signature                                                    Date

_____

## DECISION UPON REVIEW BY MEF BOARD

☐ Approve                              ☐ Deny/Postpone

Feedback:

Date of expected Final Report and
Presentation to MEF Board of Directors        _____

_____  _____  _____
        **MEF Representative**                        **Signature**                    **Date**
              (print name)

# (BUDGET ATTACHMENT WORKSHEET)

TOTAL FUNDING REQUEST        _____

ITEMIZED BUDGET

| ITEM | COST PER UNIT | QTY | TOTAL | PURCHASE DATE (if known) |
|---|---|---|---|---|
|  |  |  |  |  |
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|  |  |  |  |  |
| TOTAL FUNDING REQUEST |  |  |  |  |