

For office use only:  
  
Number:

Education Foundation of Muskogee, Inc.  
202 W. Broadway  
Muskogee, OK 74402-1198

**Education Foundation of Muskogee, Inc.  
Grant Application Form  
Cover Sheet**

Thank you for your interest in the Education Foundation of Muskogee, Inc. Grant Program. To insure anonymity during the selection process, **PLEASE PUT YOUR NAME AND YOUR SCHOOL'S NAME ONLY ON THIS COVER SHEET.** The cover sheet will be removed from the application and a code number assigned to your application before the review/selection committee receives the grant application.

**DO NOT PUT YOUR NAME OR YOUR SCHOOL'S NAME IN THE TEXT OF THE GRANT APPLICATION.**

Applicant's Name (List "Contact Person" first if more than one person)

Name: \_\_\_\_\_ School: \_\_\_\_\_

Telephone: \_\_\_\_\_

Project Title: \_\_\_\_\_

Total Budget Requested

In order to provide grant money to the maximum number of applications with exceptional projects, some grants may be partially funded.

INCLUDE A 2 OR 3 SENTENCE ABSTRACT OF THE PROPOSED PROJECT BELOW:

**EXAMPLE (delete the example and fill in with your own text):**

This project will provide the students with the fundamentals of computer hardware and software. It will incorporate reading, math, and application of scientific principles and technology. The project will be designed for use of fourth and fifth grade students and impacting 170 children.

Your signature indicates that you believe this project meets the criteria of the Foundation Grant Program and will not duplicate other programs in the Education Foundation of Muskogee, Inc.

\_\_\_\_\_  
Building Principal Signature

\_\_\_\_\_  
Applicant's Signature

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PROJECT TITLE: \_\_\_\_\_

GRADE LEVEL/TARGET GROUP: \_\_\_\_\_

ACADEMIC YEAR FOR GRANT APPLICATION: \_\_\_\_\_

Address each of the following in your grant application. Please type/word process your response and attach to this form.

1. Please write a concise summary description of your proposed project. Include  
1) Background and/or curriculum review for your project; 2) demonstrated need for your project; 3) the innovative/creative aspects of your project; 4) grade level/target group for the project.
2. Describe your project, including 1) clearly defined objectives; 2) activities; 3) time line for activities; and 4) materials necessary to reach stated objectives and activities.
3. Please state how many students will be impacted by this project, and specify number of students and grade level(s).
4. Describe the method for evaluating the project objectives.
5. Detail your budget request. Include specific information, such as specifications for materials and equipment needed, sources of supply, speaker's fees, travel costs; and costs for purchase and for shipping and handling (if necessary).

If the grant is awarded, it is the responsibility of the recipient(s) to provide copies of all invoices and attached completed summary to the Foundation Liaison at the Best Center.

EXAMPLE:

ITEM	SUPPLIES	PURCHASE COST	SHIPPING
(6) Learning to Read Books	The Supply Co.	\$35.00	\$3.50

GRAND TOTAL \$213.50

If you have any questions or need assistance, please call or email Dr. Dyce, 684-3700.

**ALL GRANTS ARE TO BE RETURNED TO DR. KIM DYCE NO LATER THAN 5 P.M. Monday, March 1, 2019. Please remember to get approval 2 weeks prior to due date.**

**REMEMBER - WHO, WHAT, WHEN, WHERE, AND WHY!!!!!!**

## **SUGGESTED OUTLINE**

(You can type this section on another piece of paper. This is just for planning.)

Summary and Description

Clearly Defined Objectives:

Student Impact/Outcomes:

Evaluation:

PROPOSED BUDGET

ITEM	SUPPLIES	PURCHASE COST	SHIPPING/ HANDLING
SUB TOTAL			
GRAND TOTAL			

\*A final grant review will be submitted in May after your grant is complete.

BELOW IS THE JUDGES' GRADING RUBRIC. DO NOT FILL OUT, BUT PLEASE SUBMIT WITH APPLICATION.

**Education Foundation of Muskogee, Inc.**  
**202 W. Broadway**  
**Muskogee, Oklahoma 74403**

This form is for the grant readers only.  
 Please include a copy with your application, but do not write on it.

GRANT REVIEW FORM  
 GRANT # \_\_\_\_\_  
 REVIEWER ID# \_\_\_\_\_

**DIRECTIONS:** Please review the grant and award point totals for each category/item. Total your points (maximum of 100), and make any additional comments regarding the application. **PLEASE BE AWARE THAT A COPY OF THIS REVIEW FORM WILL BE MADE AVAILABLE TO THE GRANT WRITER.**

CATEGORY	POINTS POSSIBLE	POINTS AWARDED
1. Overall quality: Project is needed and this need is addressed in an innovative/creative way and will enhance the educational quality of the school.	<b>20</b>	
2. Objectives: Clearly defined.	<b>10</b>	
3. Project Description: Activities are necessary and realistic to accomplish the objectives for targeted students.	<b>15</b>	
4. Materials requested are appropriate to accomplish the objectives.	<b>5</b>	
5. Time schedule: Timetable for project is realistic.	<b>10</b>	
6. Budget: Proposed costs are necessary and reasonable.	<b>10</b>	
7. Number of students affected: Project is not limited in scope.	<b>20</b>	
8. Evaluation: Procedures are appropriate for the objectives and can show clear evidence of objectives met.	<b>10</b>	
<b>TOTAL POINTS</b>	<b>100</b>	

**Comments:**

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