
Foundation 65 Responsive Grant Application Form

1. Name of applicant/contact person:
2. Title:
3. Name of Organization:
4. Address:
5. Phone number:
6. Email:
7. Fax:

For applicants outside of District 65

8. Total organization budget for current year:
9. Is your organization 501c3 tax exempt?
10. Please provide a short description of organization, including mission, background and list of board members (if applicable).

Program/Project Summary

11. Program/Project title:
12. Amount requested:
13. Schools that this program will serve (check all that apply):
 - Bessie Rhodes
 - Chute
 - Dawes
 - Dewey
 - Haven
 - King Lab
 - Kingsley
 - Lincoln
 - Lincolnwood
 - Nichols
 - Oakton
 - Orrington
 - Park
 - Walker
 - Willard
 - Washington

14. Grade levels that this program will serve (check all that apply):

- Kindergarten
- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th

15. Number of students this program will serve:

16. How will your project complement/support District 65’s ongoing work towards racial and educational equity?

17. How will your project accommodate English language learners and special needs students?

18. Please include a detailed budget that includes all sources of funding.

Proposed Project/Program Budget		
Items/activity	Amount	Source of funding (if other than F65)
TOTAL:		

19. Names and titles of people involved in project:

Proposal Narrative

20. Describe the program/project. Please identify phases, locations and timeframes of activities.

21. How does this program/project fulfill the programmatic goals of Foundation 65?

Evaluation & Documentation

22. How will you document the implementation and evaluate the success of this project?

23. Describe the outcomes/results you expect to have achieved by the end of the funding period?

Applicant Signature and Date

Printed Name and Title

SCHOOL PRINCIPAL(S) STATEMENT OF REVIEW AND APPROVAL

As principal of _____ I certify that I have reviewed and approved the content included in this grant application, and I support the project as a potential asset to our instructional efforts. I also certify that I will ensure the collection of measurable outcome data, as appropriate, during the course of the project and the completion and submission of a final report according to the requirements of the Foundation 65 grant program.

Principal(s) or Organizational Designee Signature and Date

Principal/Designee Comments:

Signature(s) of all persons involved in this grant:

Signature

Printed Name and Title

Signature

Printed Name and Title

Signature

Printed Name and Title

Signature

Printed Name and Title