



Foundation 65

Supporting District 65 – All Kids in All Schools

Foundation 65 Responsive Grant Application Form

Applications are due by February 22, 2019 at 5:00 pm to alecia.wartowski@foundation65.org

OR

Foundation 65

PO Box 750

Evanston, IL 60204

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

For applicants outside of District 65

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

Program/Project Summary

8. Program/Project title:
9. Amount requested: _____

10. Schools that this program will serve (check all that apply):

- | | | | |
|--------------------------|---------------|--------------------------|------------|
| <input type="checkbox"/> | Bessie Rhodes | <input type="checkbox"/> | Nichols |
| <input type="checkbox"/> | Chute | <input type="checkbox"/> | Oakton |
| <input type="checkbox"/> | Dawes | <input type="checkbox"/> | Orrington |
| <input type="checkbox"/> | Dewey | <input type="checkbox"/> | Park |
| <input type="checkbox"/> | Haven | <input type="checkbox"/> | Rice |
| <input type="checkbox"/> | King Lab | <input type="checkbox"/> | Walker |
| <input type="checkbox"/> | Kingsley | <input type="checkbox"/> | Willard |
| <input type="checkbox"/> | Lincoln | <input type="checkbox"/> | Washington |
| <input type="checkbox"/> | Lincolnwood | | |

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

- | | | | |
|--------------------------|-----------------|--------------------------|-----------------|
| <input type="checkbox"/> | Kindergarten | <input type="checkbox"/> | 5 th |
| <input type="checkbox"/> | 1 st | <input type="checkbox"/> | 6 th |
| <input type="checkbox"/> | 2 nd | <input type="checkbox"/> | 7 th |
| <input type="checkbox"/> | 3 rd | <input type="checkbox"/> | 8 th |
| <input type="checkbox"/> | 4 th | | |

12. Number of students this program will serve: _____

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

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

15. 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:		



Questions? Contact Alecia Wartowski: alecia.wartowski@foundation65.org or 847 637-7193

16. Names and titles of people involved in project:

Proposal Narrative

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

18. How does this program/project fulfill the programmatic goals of Foundation 65 to support literacy and arts with an eye toward equity?

Evaluation & Documentation

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

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

Applicant Signature and Date

Printed Name and Title



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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

