

Trust for Our Future
www.trustforourfuture.org
Fostering Innovation and Excellence in M.S.A.D. No. 75 Schools
Mini Grant Application
(Please use as much space as needed to complete this form)

Please visit www.trustforourfuture.org for exemplars of awarded projects

NOTE: Trust for Our Future does not fund requests for field trips.

Project title _____

Is this Project New, or a Replication/Modification of A Project Previously Done? _____

Curriculum area(s): _____

School/Organization: _____ Total funding requested:

(To help as many students as possible, we ask that you keep your funding request to no more than \$1,000)

Contact Name: _____ Phone: _____

e-mail: _____

Anticipated start date: _____ Expected completion date: _____

Brief Description of your project:

How is this project innovative?

What is the goal of your project?

Who will it benefit?

How many educators or students will be directly involved in the project?

Number of educators: _____ Students: _____ Others: _____

Total: _____

What specific outcomes are you looking for?

What evidence will you use to determine the success of your project? Please provide clear, measurable outcomes.

How will this project benefit educators and/or students in the long term?

If funding for your project is not continued in future years, what funding would be necessary to provide sustainability and from where might it come?

When completed, how will you share the results/outcomes of your project with your colleagues and principal of your school?

In the event that you cannot fulfill your obligation to administer a grant awarded you, who would you designate to take over the administration of the project?

Proposed Budget Justification

Itemize and provide a brief rationale of how funds will be spent to achieve your project outcomes. Feel free to add additional lines if needed. **We do not reimburse for employee's time.**

SUPPLIES/MATERIALS TO BE FUNDED BY THIS GRANT	COST
Purchased Services (consultants, speakers)	
Equipment and Supplies: (Purchased equipment remains the property of MSAD 75)	
PLEASE NOTE: All technology requests must first go through the Technology Department and/or Technology Integrators*	
Are you applying for funding elsewhere?	
If so, please list name and amount requested.	
Other	
Total Cost of Project:	
Less funds requested	
from other sources: ()	
Net Amount requested:	

Assurances:

1) If funded, I agree to use the grant funds only for the purposes for which the grant has been written. I understand that the Trust for Our Future has the authority to withhold and/or recover grant funds in the case such funds are misused.

2) Provide contact information for 2 colleagues you discussed your project with who are familiar and willing to give feedback. _____

3) I agree to provide the Trust for Our Future with a final report which includes pictures of the project and use of grant funds.

Applicant Signature: _____ Date: _____

Principal Signature: _____ Date: _____

*Technology Director Signature: _____ Date: _____
(If Applicable)

Submit completed applications to TFOF@link75.org by October 15 of each calendar year