

**Foundation for Learning in Tredyffrin/Easttown
Grant Application**

Project Title _____

New Program _____ **Renewal** _____ **Date submitted** _____

Applicant Information

Name _____

Street Address _____

City/State _____

Telephone _____

Email Address _____

School _____

Grade Level _____

Advocate Information (if being filed on behalf of proposed recipient)

Name _____

Street Address _____

City/State _____

Telephone _____

Email Address _____

Project Information

Briefly describe the proposed project.

Please list your goals for this project, both tangible and intangible.

Identify who will manage the project.

Identify participants in the project.

Briefly describe the plan to carry out the proposed project (use additional sheets if necessary).

Where will the project take place?

Project Impact

Briefly describe the impact of the proposed project on the Tredyffrin/Easttown community (use additional sheets if necessary).

Briefly describe why the project is needed and how it will fulfill the need identified (use additional sheets if necessary).

Briefly describe how this project conforms to the FLITE mission (use additional sheets if necessary).

Project Schedule

Please provide a schedule for the project.

Project Budget

Please provide a budget for the project. Identify the total project cost, the amount of the grant being requested and any other sources of funding that were investigated or have committed to the project.

Conclusion

Briefly list what tangible measures will be taken at the conclusion of the project to determine that the impact described above was successfully achieved. List any intangible benefits as well (use additional sheets if necessary).

Applicant/Advocate Signature: _____ Date: _____