

**Title of Project/Program**

**Amount of Funding Requested**

Is this an application for a Lightning Grant\*?     Yes     No

*\*A Lightning Grant is an application for a project/program with a total cost of \$500 or less.*

**Name of Applicant/Project Lead Contact**

- |                                      |   |                                       |
|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Teacher     | <input type="checkbox"/> Administrator      | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> FMHS        | <input type="checkbox"/> Eagle Hill         | <input type="checkbox"/> Wellwood     |
| <input type="checkbox"/> Enders Road | <input type="checkbox"/> Fayetteville Elem. | <input type="checkbox"/> Mott Road    |

**Applicant/Project Lead Contact Information:**

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Other Project Members:**

Name(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

**Academic Discipline: (check all that apply)**

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> ELA        | <input type="checkbox"/> Math               | <input type="checkbox"/> Social Studies/History |
| <input type="checkbox"/> Science    | <input type="checkbox"/> Music              | <input type="checkbox"/> Fine Arts              |
| <input type="checkbox"/> Wellness   | <input type="checkbox"/> Physical Education | <input type="checkbox"/> Special Education      |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Other: _____       |   |

**Project/Program Population and Reach:**

What grades will your project/program impact? *(check all that apply)*

- |                                       |                                |                                 |                                   |
|---------------------------------------|--------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> First | <input type="checkbox"/> Second | <input type="checkbox"/> Third    |
| <input type="checkbox"/> Fourth       | <input type="checkbox"/> Fifth | <input type="checkbox"/> Sixth  | <input type="checkbox"/> Seventh  |
| <input type="checkbox"/> Eighth       | <input type="checkbox"/> Ninth | <input type="checkbox"/> Tenth  | <input type="checkbox"/> Eleventh |
| <input type="checkbox"/> Twelfth      |                                |                                 |                                   |

Is there a long-term impact on students?     Yes             No

How many students will be impacted by your proposed project/program?

**Project/Program Description:**

What do you hope your project/program will accomplish?

What will your students learn through your proposed project/program?

How is the proposed project/program innovative and distinct from other existing projects/programs within your school and the District?

Does any such project/program currently exist in the District?

How will you evaluate or measure success?

What is your plan for implementation? How long will your plan take?

Why is this project/program important to you?

**Project/Program Cost:**

Have you asked your **building administrator(s)** whether the cost of your project/program is covered in your school's budget?

Yes       No

If you have and your request was declined, please state the reason. If you have not, please state why you have not.

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Have you asked the **Fayetteville-Manlius School District** whether the cost of your project/program is covered in the District's budget?

Yes       No

If you have and your request was declined, please state the reason. If you have not, please state why you have not.

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Have you applied for funding from any other sources?

Yes       No

If yes, please explain: \_\_\_\_\_

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Please attach a detailed budget including your proposed vendor(s) for the project/program. Please indicate what other vendors you researched to ensure the best pricing option available.

For those applications that contain a component of technology, have you consulted with your building and District's technology coordinators to ensure your project/program is compatible with building and District requirements?

Yes                       No

Per the building and District technology coordinators, does your project meet the technology requirements as set forth by your building and District?

Yes                       No

**Additional Comments:**

**Signatures Required:**

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

*Applicant must submit the signed application form to Principal **and** email draft to [info@FMEducationFoundation.org](mailto:info@FMEducationFoundation.org)*

Principal Comments: \_\_\_\_\_

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- |  |  |
|--|--|
| <input type="checkbox"/> Highly Recommended              | <input type="checkbox"/> Recommended     |
| <input type="checkbox"/> Recommended with Reservation(s) | <input type="checkbox"/> Not Recommended |

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Principal should submit signed copy to District Superintendent or return to applicant with suggestions within one week.*

Superintendent Comments: \_\_\_\_\_

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- |  |  |
|--|--|
| <input type="checkbox"/> Highly Recommended              | <input type="checkbox"/> Recommended     |
| <input type="checkbox"/> Recommended with Reservation(s) | <input type="checkbox"/> Not Recommended |

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Superintendent should submit signed copy to the FM Education Foundation or return to applicant with suggestions within one week.*