

# albany fund for education<sup>n</sup>



## Grant Application Deadlines

Please submit your grant by...	...for consideration at
Monday, Sept. 19, 2022	October 2022 Board Meeting
Monday, October 31, 2022	November 2022 Board Meeting
Monday, November 28, 2022	December 2022 Board Meeting
Monday, December 19, 2022	January 2023 Board Meeting
Monday, January 30, 2023	February 2023 Board Meeting
Monday, February 27, 2023	March 2023 Board Meeting
Monday March 27, 2023	April 2023 Board Meeting
Monday April 24, 2023	May 2023 Board Meeting (End of Year Trips & Celebrations!)
Monday, May 29, 2023	June 2023 Board Meeting (Summer Programs and Back to School)
Monday, August 28, 2023	September 2023 Board Meeting

Grant recipients will be provided with a project evaluation and required to complete and submit it within one month of completing their project. We also invite submissions of event photos and testimonials to include on the AFE website at [www.albanyfundforeducation.org](http://www.albanyfundforeducation.org).

Questions? Call 518-417-2107 or email [albanyafe@gmail.com](mailto:albanyafe@gmail.com)



# PARTNERSHIP GRANT APPLICATION

All grant applications must enhance opportunities for students to learn, grow and succeed.

## Part I: General Information

Application Date: \_\_\_\_\_

Project Title: \_\_\_\_\_

School(s): \_\_\_\_\_

Planned Date of Project: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Check payable to: \_\_\_\_\_

(AFE grant awards for projects at an individual school or one high school academy generally range from \$500 to \$1,500. Multi-school or large-scale projects may be awarded up to \$2,500, or, in very special circumstances up to \$4,000. Programs that seek multi-year funding should prepare a letter of intent to be considered separately by the board.) **Please make sure you completely fill out the budget form in Part 4.**

Project Synopsis (for AFE website):

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Who is the "sparkplug," i.e., leader, for the project? \_\_\_\_\_

Is this person an Albany City School District employee?      Yes      No

If no, please identify the school district employee who will help coordinate the project:

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Sparkplug E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

District Employee Email Address (if different): \_\_\_\_\_

**Part II: Community Partners**

All projects must engage schools with community members, businesses and/or not-for-profit groups in improving student learning and achievement and establishing greater community responsibility in positively influencing the educational experiences of students. A community partner is a partner that will help make this project successful by contributing their time and/or resources. They are not vendors receiving payment unless significant in-kind contributions are involved.

Name of Community Partner: \_\_\_\_\_

Has this partner been involved with your school previously?      Yes                      No

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Community Partner: \_\_\_\_\_

Has this partner been involved with your school previously?      Yes                      No

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

What role will these community partners play in this project or what commitments have been made or are expected, from these partners?

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Please describe any prior involvement between these partners and your school: \_\_\_\_\_

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AFE has limited funds. What resources inside and outside the District have you contacted about supporting this project before applying for this grant? How will AFE support help you leverage additional funding? \_\_\_\_\_

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\_\_\_\_\_

**Part IV: Project Budget**

Project Expense Category	Expense Detail (number of students /cost, supplier, etc.)	AFE Grant Contribution	Other Funding if Applicable (Please identify amount, source and cash/in-kind)
Admission/Tickets			
Books (in-school use)			
Books (student take home)			
Event Food			
In-School Presentation/ Author Visit			
Musical Instruments			
Professional Development Programs			
Additional teacher/TA wages			
Student Transportation			
Supplies (one-time use)			
Supplies (ongoing use)			
Other Expenses (please describe)			
	<b>OVERALL PROJECT COST:</b>	<b>AFE FUNDS:</b>	<b>IN-KIND/OTHER CASH:</b>

**Part V: Administrative Approval**

**For Applicant:** I understand that if selected, I will be provided with a project evaluation and be required to complete and submit it within one month of completing my project. Grant recipients who do not submit evaluation forms will be ineligible for future AFE grants. Any funds not spent on budgeted project expenses must be returned to AFE.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Administrators:** I understand that there is limited funding available for AFE Grants and AFE may not be able to fund every grant request from my building. Priority should go to projects that cannot be funded through available district or PTA funds. Keeping these factors in mind, I endorse this proposal and believe it will have a positive impact on learning and growth in our building.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application to [AlbanyAFE@gmail.com](mailto:AlbanyAFE@gmail.com) or mail to PO Box 3110, Albany, NY 12203.  
The Grants Committee will consider grants monthly; see attached schedule for due dates.