Parkside Foundation Inc.

Grant Application

APPLICANT INFORMATION

- **Project Lead Name**: _____
- **Role/Title**: (*e.g., Teacher, Student, Parent, Administrator*) _____
- **Email & Phone**: _____
- **Department/Grade Level** (*if applicable*): _____
- **Project Sponsor**: (*Required for Student Applicants*) _____

PROJECT OVERVIEW

- **Project Title**: _____
- **Pillar Alignment**: (*Select one or more*)
  - ☐ Student Growth and Experience
  - ☐ Promoting Staff Development and Well-Being
  - ☐ Facilities Improvement
- **Total Funding Requested**: $_____
- **Project Timeline**: (*include start and end date*) _____

NARRATIVE, IMPACT, & BUDGET

Please attach a detailed proposal addressing the following:

- **Project Description:** *What do you plan to do, and how will the funds be used?*
- **The "Why":** *Explain the need for this project. Why is this a priority now, and why can it not be covered by the school or district budget?*
- **Reach:** *Who is the primary audience (e.g., 3rd Grade, Special Education, All Staff)?*
- **Estimated Number of Beneficiaries:** _____
- **Success Criteria:** *How will you know the project was successful? (e.g., "All students will have access to X," or "Staff will report improved Y.")*
- **Budget**: *Please provide a line-by-line itemization of all projected costs. For each item, include a brief description, the intended vendor or source, and the specific dollar amount.*

ATTESTATION & SIGNATURE

By signing, I certify this application is accurate and agree to adhere to all Foundation policies, including Child Protection protocols and Conflict of Interest disclosures. I have disclosed any familial or business relationships with Board members below:

Disclosures (if any): _____

Applicant Signature: _____ **Date:** _____

Please submit the completed application and all supporting documents via email to grants@supportparkside.org. Applications will be reviewed upon receipt. Applicants will be contacted if additional information is needed.