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**2017 – 2018 AthFest Educates Grant Application**

All applicants interested in applying for an AthFest Educates grant must complete the official application form. Instruction on how to complete the application are below.

**Instructions:**

Step One: Complete Parts I – VI in their entirety.

Step Two: Save your application as a PDF document.   
 Title the file: *Your Last Name*\_AE 2017 Application

Step Three: E-mail your PDF document and any supporting documents to:  
 [grants@athfesteducates.org](mailto:grants@athfesteducates.org) no later than August 23, 2017.

Step Four: Save a copy of your application for your records. If you are awarded an AthFest   
 Educates grant, you will need to reference your application to complete the final   
 Grant Report.

**PART I: QUALIFYING INSTITUTIONS***Please underline YES or NO to answer each question.*

1. Are you applying as an Athens, GA-based 501(c)(3) nonprofit organization? YES NO
2. Are you applying as a Clarke County School District school? YES NO
3. Are you applying as an Athens-Clarke County government program? YES NO
4. Were you awarded an AthFest Educates grant in the 2016 – 2017 school year? YES NO
5. Were you awarded an AthFest Educates grant in the 2015 – 2016 school year? YES NO
6. Is your application *only* serving Athens-Clarke County youth within K – 8? YES NO

**PART II: CONTACT INFORMATION***Please type your answer in the box beneath each question.*

1. Organization / School Name

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1. Applicant Name

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1. Applicant Title

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1. Applicant Email Address

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1. Applicant Phone Number

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1. Applicant Mailing Address

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**PART III: GENERAL INFORMATION**  
*Please type your answer in the box beneath each question.*

1. What grades will be served by this AthFest Educates grant?

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1. What is the anticipated total number of youth who will benefit from this AthFest Educates grant?

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1. What percentage of the young people served by this grant are male and what percentage are female?

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1. Please identify the ethnic demographics of the youth who will benefit from this AthFest Educates grant. (i.e. 45% Latino, 20% white, 35% African-American)

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1. Please list the school(s) the young people who will be impacted by this grant attend.

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**PART IV: PROJECT DESCRIPTION**

1. Please underline the funding priority for which you are applying:

* Music and arts non-consumable equipment
* Music and arts programs and experiences
* Art-based and/or music-based professional development

1. What is/are the leaning objective(s) for this project? Please type your answer in the box.  
   *(Note: Applicants are encouraged to provide the correlating Georgia Performance Standard most closely connected to the project (if applicable). Please list the unique GPS identifier and its description.)*

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1. Please provide a description of your proposed project, equipment purchases, or professional development opportunity below. The description should be no longer than **500 words** and should clearly demonstrate how the program and/or equipment will enable youth to meet the stated learning objective(s) identified above. Please type your answer in the box.

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1. Describe the evaluation process or tool that will be used to assess the youths’ progress toward the states learning objective(s). Please type your answer in the box.  
   *(Note: Applicants are encouraged to include a sample of their evaluation tool, if applicable, by attaching the sample to the e-mail they send when they submit this application.)*

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**PART V: PROJECT BUDGET**

1a. Provide a detailed and itemized project budget. Please type the budget in the box.   
*(Note: If you are applying as a Clarke County School District (CCSD) employee, please be sure to calculate your program expenses based on costs from a CCSD-approved vendor. You will be required to use these vendors to order your materials. Please do not use “sale” prices for items as they may not be on sale when it comes time to purchase the items.)*

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1b. What is the total dollar amount you are requesting from AthFest Educates?

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2. What is the average cost per youth for this project? Please type your answer in the box.

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3. What other funding sources, aside from AthFest Educates funds, will be used to support this project? Please type your answer in the box.  
*(Note: if the project will be 100% funded with this AthFest Educates grant, please indicate this in the box below.)*

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**PART VI: APPLICANT EXPERIENCE**

1. Please provide a brief description of the professional experience of the individual(s) who will be implementing the project with the youth. Please type your answer in the box.

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**Reminders:**

All applications and evaluation samples (if applicable) are due to [grants@athfesteducates.org](mailto:grants@athfesteducates.org) no later than August 23, 2017 at 5:00 pm. Applications not received by the deadline will not be reviewed by the AthFest Educates Grants Committee.

All applications must be complete. Incomplete applications will not be reviewed by the AthFest Educates Grants Committee.

Save your application as a PDF document. Title the file: *Your Last Name\_AE 2017 Application* and   
e-mail the file to [grants@athfesteducates.org](mailto:grants@athfesteducates.org)

All applicants will be notified via e-mail on September 25, 2017.

Additional information can be found at: [athfesteducates.org](http://www.athfesteducates.org)