



Alpha State Texas Educational Foundation (ASTE F)

2019-2020 Project Stipend Application

Refer to the *Project Stipend Application Guide* (posted on the ASTEF website at <https://www.astef.org/forms.html>) for guidelines and instructions for downloading and completing this application form.

Project Title:		
Project Type (Select one):	Individual	Chapter
	Coordinating Council	Area
<u>Applicant Name</u> (i.e., Chapter, Area, Coordinating Council, or Individual) and Area Number		
Amount of Funding Requested:	\$	

Have you received a project stipend for this project before? Yes No
 If yes, when?

Attach a clear, concise narrative description of the project (limited to two pages, Times New Roman or Arial 12 pt type). Include the following information and use subheadings:

- **Description of the project and rationale.** Include a clear explanation of project goals (i.e., what you hope to accomplish) and activities. Include a timeline [the month(s)] for key activities, including what activities will occur, where they will occur, when they will occur, and why (i.e., the rationale) they will occur. **If a continuation project:** If you received funding for this project before, specifically tell how this project is different from the prior funded project. Also describe how you plan to support ASTEF.
- **Connection to the ASTEF mission and project beneficiaries.** Describe specifically how the project is connected to ASTEF’s mission and **who** will benefit from project services and activities directly and indirectly. Include the name of the school, school district, organization, community, city/town, etc. If the project will serve teachers, men must not be excluded from project services and activities.
- Description of specifically **how members will be actively involved** in the various activities (if chapter, coordinating council, or area project) and the **specific number of members who will be involved** in the various activities. You are encouraged to develop activities that involve most or all of your members in some aspect of project activities.
- Description of the **anticipated impact** (include description of target population, anticipated number to be served, and data to be collected to evidence impact). Describe how the success of the project will be measured and how you will know if it was successful.

Complete the Project Budget Form provided on the next page.

Use the budget form below to provide a detailed budget for the project by category/type of cost. Include below any other anticipated funding. Any ASTEF funds remaining unspent as of June 30 must be returned to ASTEF.

Items to be Purchased (by Category/Type of Cost):	Cost
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Anticipated Costs	\$
List any other anticipated funding for the project:	
Potential Source of Funding	Amount
	\$
	\$
	\$
Total of other anticipated funding	\$

In the event that full funding is not awarded by ASTEF, please describe how the project can be modified.

Primary Contact Person submitting the application:

Name:	*Email:
Mailing Address:	Telephone:
City/Zip Code:	Alt. Phone:

*Please provide personal email in all cases if possible. Many school districts have firewalls that prevent emails from being delivered. ASTEF is not responsible for undelivered emails.

Alternate Contact Person (in the event we are unable to contact the Primary Contact):
(Required if applicant is a chapter, area, or coordinating council)

Name:	*Email:
Mailing Address:	Telephone:
City/Zip Code:	Alt. Phone:

If the project is selected for funding, the check will be written payable to the individual, chapter, area, or coordinating council, as applicable. The check will be mailed to the Primary Contact Person listed above unless otherwise specified below:

Name:	*Email:
Mailing Address:	Telephone:
City/Zip Code:	Alt. Phone:

By typing your name below, you are certifying that you have the authority to submit this application; the information contained herein is true and correct; and you will ensure the project is carried out as stated and that the requirements and deadlines will be met.

Your Typed Name:	Date:
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Application Deadline: April 1, 2019

Send application electronically to projects@astef.org

Don't forget to attach the two-page narrative to the email along with this completed application form.