

**Alpha State Texas Educational Foundation (ASTEF)**

**2020-2021 Project Stipend Application**

**Refer to the *Project Stipend Application Guide* (posted on the ASTEF website at** [**https://www.astef.org/forms.html**](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 | |
| **Applicant Name (i.e., Chapter; Area; Coordinating Council; or Individual  and Chapter Name)** |  | **Area No.** |
|  |
| **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 in the order requested and use the following headings:**

* **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 they will occur (i.e., the rationale). **For continuation projects**: If you received funding for this project before, specifically tell how this project is different from the prior funded project.
* **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/educators**, describe how men will be included in project services and activities.
* **Involvement in Project Implementation**: Describe 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. **If applicant is an individual**, describe the degree to which you will be directly involved in implementing the project activities. Describe how you will support ASTEF in return for receiving a Project Stipend (**applies to all applicants**).
* **Anticipated Impact**: Describe 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 determined/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.**

**It is anticipated that the applicant will provide or solicit contributions/donations to assist the project financially. Include below any other anticipated funding donated/contributed by the chapter/applicant or other sources.**

**Any ASTEF funds remaining unspent as of June 30 must be returned to ASTEF**.

|  |  |
| --- | --- |
| **Funds Requested from ASTEF (list by type/category of cost)** | **Cost** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
| **Total Costs Requested from ASTEF** | **$** |

**List any other anticipated funding/donations/contributions for the project:**

|  |  |
| --- | --- |
| **Anticipated Source of Funding and Description of Item(s)** | **Amount/Value** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
| **Total of other anticipated funding** | **$** |

**In the event that full funding is not awarded by ASTEF or donated/contributed by others, 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 reach 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 applicant (i.e., the individual, chapter, area, or coordinating council, as applicable). If the check is not picked up when awards/checks are presented during the ASTEF Annual Meeting at TSO Convention, the check will be mailed to the Chapter Treasurer on file at TSO Headquarters (except in the case of an individual applicant).**

***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; you will ensure the project is carried out as stated and that the requirements and deadlines will be met.***

|  |  |
| --- | --- |
| **Your Typed Name:** | **Date:** |

**Application Deadline: April 1, 2020**

**Send application electronically to** [**projects@astef.org**](mailto:projects@astef.org)

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