



Smart Connections
Grant Application

School name:

Address:

Contact number: _____ FAX Number:

Principal/administrator:

Applicant(s) name(s) and email

address(es): _____

Project name: _____

Project description (attach separate sheet if necessary):

Amount requested: _____ Total cost of project: _____

Timetable for project: _____ Target grade

level: _____

How will students benefit from this project?

Number of students who will benefit:

Project total budget (attach line item budget):

Will you seek other funding to implement this project? YES _____ NO _____

If you receive additional funds, how will you utilize them?

Will you be tracking the success of this project? YES _____ NO _____

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If yes, how will you do this?

Will you follow up with ATMC on the results? YES _____ NO _____

If ATMC grant funds are not approved, will you continue this project? YES _____ NO _____

If yes, how will you do

this? _____

Will ATMC be recognized for providing this grant? If so, please explain how.

Additional information:
