



OLEAN CITY SCHOOL DISTRICT

**FOUNDATION**

-AN ACADEMIC BOOSTER-



**"Helping Olean students reach new heights!"**

Olean City School District Foundation  
*"Enhancing the Educational Experience"*

410 W. Sullivan St.

Olean, NY 14760

[www.ocsdfoundation.com](http://www.ocsdfoundation.com)

[ocsdfoundation@gmail.com](mailto:ocsdfoundation@gmail.com)

*A 501c (3) organization that fundraises to support Academic Enrichment Grants, as well as the Olean City School District's Academic Wall of Honor*

# GRANT APPLICATION

## Purpose

Grants are intended to support projects that enrich and enhance the excellent education of students in the Olean City School District. Grants enable educators to bring lessons to life in a way that would not be possible within the regular budget. These grants are made possible through the dedicated fund-raising efforts of the OCSD Foundation Board of Directors and the generosity of the Olean businesses and individuals in our community who are committed to investing in the minds of our Olean youth.

## Eligibility

All Olean City School District staff members are invited to apply for grant funding to support initiatives and programs.

## Grant Writing Tips

The OCSD Foundation is interested in projects that will ultimately result in an enriched education for students in the Olean City School District. Each grant submission must include a clear and concise budget outline and must show a positive impact on the learning experiences of the students.

Desirable applications must encompass one or more of the following key objectives:

- Encourage and facilitate innovative ideas... a "seed project" that may later be adopted into the District expenditures.
- Focus on content enrichment and skills development
- Acquisition of materials and training that will benefit students for years to come
- Exhibit measurable indicators of success and sound plan to evaluate the project upon completion (Especially for "seed projects".)

## Application Procedure Requirements

1. Completely fill out the application **AND** signature page.
  - a. **Grant Application** (pgs. 3-6) - (is in editable format) **must be typed, saved, and then submit via email to the OCSF Foundation at: [ocsdfoundation@gmail.com](mailto:ocsdfoundation@gmail.com).**
  - b. **Signature Page** (pg.6) – **Required electronic signatures must be obtained.**  
**Forward completed application to necessary administrators for their electronic signatures.**  
**Have administrators return application and signature page to you for final grant submission.**  
(If applicant does not have electronic signature capabilities, as administrators do, simply type applicant’s name and date in the appropriate spaces on signature page.)
2. The OCSF Foundation Board of Directors meets on the first Wednesday of each month (exceptions may apply). If there is a time constraint on your grant request, please make every effort to submit your application at least one week in advance of the monthly meeting.
3. After reviewing the application, the OCSF Foundation Board of Directors will notify you and your building principal via email of the status of your grant.
4. If your grant has been approved, you must work with your **building principal, and contact the OCSF Business Office to follow the proper purchasing procedures.**
5. It is understood that all materials purchased with the grant monies are the property of the Olean City School District.
6. It is also understood that if the approved funds exceed the actual expenditures of the project, the “leftover” funds may not be applied to a different unapproved project.
7. The Foundation would like to document the success of the grants that we have approved on our social media accounts to benefit our fundraising efforts, and ultimately future grant approvals. Therefore, we require that all approved grant applicants:
  - a. **SUBMIT FOLLOW UP A REPORT AS A CONDITION OF RECEIVING THIS GRANT.** Simply share with The Foundation a statement of evaluation of your event and any photos, videos, participant quotes, etc. via email within **one week** after the completion of your project/event.
  - b. Announce/list the OCSF Foundation as a supporter of the event in any program literature, press release, etc.
  - c. Share with your colleagues how applying for a grant benefitted your students, and encourage them to put their innovative ideas into action too!

### **Important Note Before Applying:**

The OCSF Foundation will not consider grant applications that are requesting Foundation funds be approved for the benefit of individual(s). Requests to use Foundation funds to pay for student travel for example, can only be considered if the request will benefit an entire student group.

- For example, a request to help cover travel costs that would decrease the entire group’s expenses is able to be considered. (Transportation expenses; Special trip events, etc.)
- Individual student’s travel expenses are only eligible for consideration through a “special” grant status if a private donor earmarks funds to the Foundation for such a purpose.

Received Date: _____
Approved Date: _____
Declined Date: _____
Notified Date: _____

# GRANT APPLICATION

Title of Project: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Applicant(s): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

School(s) Served by Grant:

- Olean High School
- Olean Intermediate Middle School
- East View Elementary School
- Washington West School

Specific grade(s) served by Grant: \_\_\_\_\_

Number of Students served by Grant: \_\_\_\_\_

Dates(s) of project/event: \_\_\_\_\_

- Approx. Beginning Date: \_\_\_\_\_ Approx. Completion Date: \_\_\_\_\_

Total Cost of Project = \$\_\_\_\_\_ Funding request from Foundation \$\_\_\_\_\_

Are you pursuing alternate funding? (PTO, Youth Bureau, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No

- If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

## Grant Proposal Outline (pgs. 4-5)

**Complete summary description of the project.** (No more than one typed page in length)

Include: What educational need does this proposal address? Describe the activities involved with this project? How does implementation of this program/project directly affect student learning? How will you measure the project success?

**Complete a budget summary of the project.** (No more than one typed page in length)  
The project budget should include any costs that are directly associated with conducting your project. Your budget must be clear and concise and itemized by expenditure.

ELECTRONIC SIGNATURE PAGE MUST BE SUBMITTED FOR GRANT APPLICATION TO BE CONSIDERED.  
HAVE NECESSARY ADMINISTRATORS ELECTRONICALLY SIGN, AND THEN EMAIL THE ENTIRE APPLICATION  
AND SIGNATURE PAGE BACK TO YOU.

YOU WILL THEN SUBMIT THE ENTIRE APPLICATION AND SIGNATURE PAGE VIA EMAIL TO:  
[ocsdfoundation@gmail.com](mailto:ocsdfoundation@gmail.com)

## OCSD FOUNDTION GRANT APPLICATION (PG.6)

Title of Project: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Applicant(s): \_\_\_\_\_

### SIGNATURE SECTION:

By signing, you agree that you have discussed this proposal with your building principal or supervisor and will commit the time needed to complete the steps outlined in the Procedure Requirements section.

\_\_\_\_\_  
Applicant (typed or e-signature if possible)

\_\_\_\_\_  
Date

I have verified that funding for this project is not available from district resources. If approved, I will oversee the administration of this project as outlined in the Procedure Requirements section.

\_\_\_\_\_  
e-Signature of Principal or Supervisor

\_\_\_\_\_  
Date

IF GRANT INCLUDES PURCHASING OF TECHNOLOGY

I have verified that funding for this technology project is not available from district resources.

\_\_\_\_\_  
e-Signature of District Director of Technology

\_\_\_\_\_  
Date