

Matching Grants 2023-2024 Application
505 South Congress Avenue
Boynton Beach, FL 33426

Applicant Details

First Name:

Last Name:

Email Address:

SDPBC Issued Email Address:

Work Phone:

Cell Phone:

School or District Department:

Eligibility Question

Did you receive an email invitation from the Education Foundation of Palm Beach County to fill a matching grant application? :

Basic Project Information

Project Title:

Amount of Funding Requested from the Education Foundation of Palm Beach County as part of the Matching Grant Program (in USD):

Does this project have matching funds?:

If yes, please list the amount of matching funds secured and funding source or funder.:

*Select all schools this project will support, if funded.
:*

Project Details

What need or problem will this project address? (200 words max):

How will you show that this project was successful in meeting the need/problem?(200 words max):

What area(s) of your district plan does your project support? Specify and explicitly state what goal(s), objective(s), strategy(ies), etc. of your district plan your project directly supports. Please use the SDPBC's Strategic Plan template available under the Resources. (200 words max):

What priority area(s) will your project address? Select all that apply. :

Estimated Number of Schools Impacted by Project:

Estimated Number of Students Directly Impacted by Project:

Estimated Number of Teachers Directly Impacted by Project:

Estimated Number of Students Indirectly Impacted by Project:

Estimated Number of Teachers Indirectly Impacted by Project:

Grade level(s) to be addressed:

Does your project serve ESE students?:

Does your project serve ELL students?:

Would you consider this a multiyear project? (i.e., are funds to be used this year that support future efforts and greater impacts to students in subsequent

years?) If so, please outline multi-year goals and expected measurable metrics. (200 words max.):

Project Abstract

Describe your project proposal and outcomes/outputs to be measured. (This will be submitted to the FLDOE. Think: If in an elevator with my local legislator, what would I say about this project and its potential impact?)(200 words max.):

Project Summary

In the space provided, please detail your project activities, goals, and objectives. Describe how your project supports your district plan and in what areas. (1000 words max.):

Project Timeline

Please detail your timeline for project activities. (500 works max):

Outcomes

What data sources and/or data collection strategies will you use to measure outcomes? :

What is the baseline outcome number(s) that you are trying to improve with your project activities? (For example, if your project activities are supporting district goal area of "Student Achievement: Increase Grade 3 scoring level 3 or higher on state assessments," what is the current percent of Grade 3 students scoring level 3 or higher on state assessments of your project's primary participants.) :

Outputs

What data sources and/or data collection strategies will you use to measure the outputs? (Contact the Education Foundation if you would like suggestions

for common survey questions to use in your data collection tools.) :

What is the baseline output number(s) that you are trying to improve with your project activities?:

Budget

Budget Category:

Education Foundation of PBC Matching Grant Amount (If not applicable, enter 0):

Private Match Amount (If not applicable, enter 0):

Total Amount(If not applicable, enter 0):

Description of Expenditure (If not applicable, enter N/A):

Budget Category:

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Private Match Amount (If not applicable, enter 0):

Total Amount(If not applicable, enter 0):

Description of Expenditure (If not applicable, enter N/A):

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(If not applicable, enter N/A):*

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*Description of Expenditure
(If not applicable, enter N/A):*

Budget Category:

Education Foundation of PBC Matching

Grant Amount(If not applicable, enter 0):

Private Match Amount (If not applicable, enter 0):

Total Amount(If not applicable, enter 0):

*Description of Expenditure
(If not applicable, enter N/A):*

Total Amounts

Education Foundation of PBC Matching Grant Total Amount (please copy and paste the number in red above in this field):

Private Match Total Amount (please copy and paste the number in red above in this field):

Total Amount (please copy and paste the number in red above in this field):

Certifications

The Principal/Department Head/designee has reviewed this report and has approved the submission.:

I certify that all the above information is accurate and true to the best of my knowledge.:

I certify that all of the above expenditure information will be documented with receipts and available for audit for five (5) years following the grant cycle end to comply with the Education Foundation of Palm Beach County and FLDOE requirements.:

I will take measures to ensure materials, supplies, and professional development used in projects are in compliance with school procedures, district policy, and state statutes.:

