

NASA CT SPACE GRANT CONSORTIUM

**K-12 Grant Application**

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| --- | --- |
| **Project/Event Title:** |  |
| **Project/Event Description: (250 word maximum)** |  |

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| --- | --- |
| **Applicant Contact Information:** | |
| Name: |  |
| Title: |  |
| School/District: |  |
| Email: |  |
| Phone: |  |
| Address: |  |
| City/State/Zip Code: |  |

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| --- | --- | --- | --- |
| **Project/Event Activity Date(s) (mm/dd/yyyy):** | | | |
| Start Date: |  | End Date: |  |

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| **What is the expected duration of project/event:** |
| Short Event (< 2 Days)  Long Event (>2 Days)  Multi-Month (Semester/ Quarter)  Year-Long (12 Months) |

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| --- | --- |
| **Location of Project/Event:** | |
| Name: |  |
| Address: |  |
| City/State/Zip Code: |  |

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| --- | --- | --- | --- |
| **Enter the anticipated number of participants that will participate in project/event:** | | | |
| **Participant Type** | **Count** | **Participant Type** | **Count** |
| Elementary School Teachers |  | District Staff |  |
| Middle School Teachers |  | Parents |  |
| High School Teachers |  | Community Members |  |
| Elementary School Students |  | Higher Education |  |
| Middle School Students |  | Other |  |
| High School Students |  |  |  |
| **Total Participants** |  |  |  |

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| --- |
| Describe the involvement of higher education students and faculty in this project/event (if applicable): |
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| Provide a timeline for this project/event: |
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| Complete budget (see Appendix A) and include a brief narrative of expenditures and in-kind contribution(s). Please note: the budget should provide at minimum a 1:1 match (direct or in-kind); for example, if you are requesting $500 in funding, a minimum $500 match should be provided by school/district: |
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|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name: |  | Date: |  |
| Applicant Signature: |  |
| Department Chair/Principal/  Superintendent Name: |  | Date: |  |
| Department Chair/Principal/  Superintendent Signature: |  |

**Appendix A: Budget**

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| --- | --- | --- | --- |
| **Item** | **Request** | **Match** | **Total** |
| Salary/stipend |  |  |  |
| Equipment | Not permitted |  |  |
| Supplies |  |  |  |
| Transportation |  |  |  |
| Facility rental/usage |  |  |  |
| Food |  |  |  |
| Other (please specify) |  |  |  |
| **Total** |  |  |  |

**Submission Instructions:**

1. Complete K-12 Grant Application
2. Provide a letter of support on letterhead from one of the following individuals: department chair, principal, or superintendent
3. Combine K-12 Grant Application and letter of support into one PDF file and email it to [ctspgrant@hartford.edu](mailto:ctspgrant@hartford.edu)

**Important Information:**

1. Applications priority deadlines are December 1st (for award period January 1st to June 30th) and June 1st (for award period July 1st to December 31st); applications received after priority deadlines will be reviewed on a rolling basis and awarded if funds are available
2. You should receive notice of award within one month of submission
3. If awarded, you can anticipate receiving funds approximately 6-8 weeks after submission
4. You must prepare a short post-award description of the outcomes of the project/event