

Financial Literacy Education Fund

2019

Grant Application



Please complete all sections of the grant application.

Organization Information

1. Organization or School _____
Address 1 _____
(Street, City, State, Zip)
Address 2 _____
(If different from above)
Organization website _____
2. Project title _____
Project begin date _____ Project end date _____
3. Project coordinator and title _____
Coordinator phone _____ Coordinator e-mail _____
4. Organization director and title _____
Director phone _____ Director e-mail _____
5. Tax information (for organizations only):
Federal Employer Identification #: _____ Incorporation date _____
6. Total program budget _____ Total request _____
7. Check the category for which you are applying:
____ **K-12 Financial Literacy Programs** – Programs that provide financial and economic literacy skills for students in grades K-12. (Maximum request - \$30,000)
____ **Adult Financial Literacy Programs** – Programs that provide financial and economic literacy skills for adults. (Maximum request - \$30,000)

8. Program Description (attachments may be included).

Describe the program and its objectives.

Describe the targeted audience and the geographic areas of the state you will be targeting.

Give the anticipated number of individuals who will be served by the funded program.

Describe strategy or strategies for achieving the objectives.

Describe how the funded program will be evaluated to ensure objectives are met.

State the qualifications for the individuals in charge of administering and carrying out the program to be funded.

Describe your organizational capacity to deliver this program.

Please provide a work plan or timetable for the program to be funded.

Please submit with this application a copy of the following:

A list of current board members for your organization or school.

If an organization, your most recent audit or 990.

9. Budget (Must be completed on this form)

As accurately as possible, provide a budget for your project that demonstrates how the requested Financial Literacy Education funds will be used. Information must be completed on this form

Anticipated Expenditures	Dollar Amount
Salaries	_____
Supplies	_____
Occupancy	_____
Facilities Rental	_____
Administrative	_____
Travel	_____
Marketing	_____
Printing	_____
Postage	_____
Other (Please Specify)	_____
Total	_____

Do you expect, or have you received, funding and/or services from other sources for this project?

Yes No If yes, how much and from what source?

Do you expect to collaborate with other organizations? Yes No

If yes, please list those organizations you will collaborate with and what funding and/or resources will they bring to the funded project.

Authorization: (Two names are required)

I do hereby certify that the board of this organization or the head of this school has given formal approval for submission of this application and that all figures, facts, and representations made in this application are true and correct to the best of my knowledge. Submission of the application signifies intention to comply with all guidelines and restrictions imposed by the Delaware Department of Education and the Delaware State Bank Commissioner. This organization will comply with Title VI of the 1964 Civil Rights Act; the Drug Free Workplace Act of 1988, Title IX of the Education Amendment of 1972, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and Section 504 of the Rehabilitation Act of 1973. I also certify that any funds received with this application will not be used for lobbying and will be expended for the project described, and I understand that the organization may be precluded from future Financial Literacy Education Funding if I fail to submit a final report at the conclusion of the grant period in form and detail as required by the State of Delaware.

Name and Signature of organization director or head of school authorizing submission

E-mail of organization director or head of school authorizing submission

Telephone

Title

Date

Name and Signature of a 2nd Authorized Person for the organization or school

E-mail of 2nd Authorized Person

Telephone

Title

Date