

# WILLIAM ROBINSON TRUST FUND GRANT PROGRAM

## GRANTMAKING GUIDELINES

### William Robinson Trust Fund Grant Program

In keeping with the court decree of June, 1997, the William Robinson Trust Fund will award grants which enrich and enhance the educational experience of post-elementary individuals served by the Exeter Region Cooperative School District.

### Program Priorities

In September of 1998, the Trustees of the William Robinson Trust Fund developed a purpose statement for the William Robinson Trust Fund Grant Program:

*“The William Robinson Trust Fund Grant Program provides grants to encourage and support innovative programs and activities for students that better prepare them to compete in today’s world.”*

### The William Robinson Trust Fund will consider projects which:

- provide opportunities for enrichment beyond the basic curriculum, including leadership development, mathematics, sciences, technology, business, arts, and humanities.
- address underlying barriers that prevent individuals from developing to their full potential. The Trust is particularly interested in projects that address barriers faced by students who are not well served by traditional classroom techniques. Projects which focus on advanced placement as well as basic academic skills will be considered.
- address the changing dynamics among the roles of family, school, and community in supporting students’ learning and development. Projects which offer innovative approaches to assist students who have limited support to negotiate the post-secondary-school application process are encouraged.
- provide opportunities to develop comprehensive skills for competing effectively in today’s world. Projects may include life skill training, conflict resolution, decision making, critical thinking, ethics, etc.
- consider the advancement of social justice, equality, or rights by removing barriers faced by individuals because of race, ethnicity, religion, culture, disability, gender and age.

## Eligibility

**Teachers, counselors, administrators, and other professional staff** employed by the Exeter Region Cooperative School District may apply. Applications may be made by individuals or in collaboration with parent groups, community organizations and others. Requests for multi-year funding are encouraged. Grants will be for programs that target individuals at the middle school and secondary school level, or individuals who are enrolled in the HISET or Adult Diploma program.

## Grant Size

Grants up to **(\$0,000)** may be awarded. Grants over **(\$0,000)** will be considered for exemplary projects with broad impact. Funds may be distributed in installments. Final decisions on grant size will be determined by the Trustees of the William Robinson Trust Fund.

## Evaluation Criteria

Proposals will be evaluated according to the following criteria:

- Extent to which your proposal addresses the program priorities as stated above.
- Description of the problem or need your proposal addresses, expected outcomes, and how success will be measured.
- Concrete plan that includes project design, outreach to the target group, implementation, evaluation and schedule.
- Impact of the project.

## WILLIAM ROBINSON TRUST FUND GRANT APPLICATION

Please complete the following application. *Use as much space as you need when responding to questions 1 - 6.* Incomplete applications may be returned to you for additional information and/or the Board of Trustees may request a presentation to the William Robinson Trust Board.

### APPLICATION COVER SHEET

#### APPLICANT:

Name: \_\_\_\_\_

Work Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Work E-Mail: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

#### GRANT ADMINISTRATOR or FISCAL AGENT (If different from Applicant):

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Work E-Mail: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

GRANT AMOUNT REQUESTED: \_\_\_\_\_

TOTAL PROJECT BUDGET: \_\_\_\_\_

BRIEF DESCRIPTION OF PROPOSED PROJECT (limit to 50 words):

PROJECT GOALS AND OBJECTIVES (limit to 50 words):

SAU 16 SUPERINTENDENT OR DESIGNEE'S SIGNATURE: \_\_\_\_\_

**Respond to each of the following prompts using as much space as needed.**

1. Describe the problem, need or opportunity the project will address, and explain how it relates to the William Robinson Trust Fund Program Priorities. Include in-house data, information from other service providers, regional or national statistics and published or public data. If applicable, identify other organizations that address the need and explain how your proposal will supplement or augment services already available in the community.
2. Describe in detail the project you propose to offer. Identify specific methods, planned activities, outreach methods, service goals, expected outcomes and schedule for implementation. Include an explanation of how you will evaluate the success of the proposed project (i.e., use of participant evaluations, pre and post attitude surveys). Include measurable outcomes and success indicators if applicable.
3. If the project will involve more than one organization or group, explain how the groups will work together, including who will be responsible for which activities and how activities will be coordinated. Identify other sources of support for the project, including financial support, in-kind contributions and volunteers.
4. Explain how this project can be sustained once the grant funding concludes.
5. Is there other relevant information about this project that is not captured in the previous questions that you would like to share?

**PROJECT BUDGET**

**INCOME:**

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William Robinson Trust Fund

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Fundraising

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Individual Contributions

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Other (Please explain)

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**Total Income:** \_\_\_\_\_

**EXPENSES:**

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Personnel

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Program Materials and Supplies

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Outreach

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Equipment

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Other (Please Explain)

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**Total Expenses:** \_\_\_\_\_

## Letters of Recommendation

Please supply 3 letters of support from an educational colleague, principal or superintendent or community member. Letters of support should include:

- a. Supporter's name, title/role
- b. Mailing address
- c. Email
- d. Daytime phone number/cell phone number

Letters of support should **also** include:

- a. In what capacity he/she has known the grant applicant
- b. A description of the applicant's commitment to public education
- c. Thoughts about the applicant's professionalism and educational accomplishments.
- d. Why the project is deserving of the William Robinson Trust Fund Grant

Submit your written proposal, **no later than December 1st** to:

### **William Robinson Trust Fund**

P.O. Box 1074

Newfields, New Hampshire. 03856

Or email to: [williamrobinsontrustfund@gmail.com](mailto:williamrobinsontrustfund@gmail.com)

Final decisions will be made no later than June 1st of each year and funds will be made available as required.

**WILLIAM ROBINSON TRUST FUND GRANT PROGRAM**

**TERMS OF AWARD**

Name of Grant: \_\_\_\_\_ Amount of Award: \$ \_\_\_\_\_

Approval Date of Grant: \_\_\_\_\_ Date Terms of Award sent to Applicant: \_\_\_\_\_

Date Terms of Award returned by Applicant were signed: \_\_\_\_\_

Date Review and Evaluation Report requested by Trustees: \_\_\_\_\_

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To accept the Grant funds and conditions described, review this agreement, sign one copy where indicate and with twelve (12) days of the Award Date shown above, return the signed copy of this agreement to:

**Treasurer of the William Robinson Trust Fund, PO Box 1074, Newfields, NH 03856**

**Provisions:**

- 1. Payment of Award:** Monies will be available once the Trustees have received the signed Terms of Award. This money should be expended, and all bills must be submitted to the Robinson Fund by (date) of the year following the Award Date. Invoices received after (date) of the Award Year **will not be paid**. Grant money not expended during the Award Year will revert back to the Robinson Fund unless an extension of time request has been received and accepted by the Trustees. Requests for an extension must be sent to the Trustees prior to (date) of the Award Year at the address shown above.
- 2. Expenditure of Grant funds:** The Award is made for the purpose(s) stated in the Grant and according to the budget submitted with the Grant request. The Grand recipient(s) may not allocate any portion of this Award to a secondary grantee.
- 3. Receipt of Grant Funds:** Arrangements have been made with the Business Office of the Exeter Region Cooperative School District (SAU 16). The Grant recipient(s) should submit all bills to the Business Office. The Treasurer of the Robinson Fund will then make payments to the Business Office of the school district, provided the Treasurer, prior to (date), receives the bills.
- 4. Financial Records:** Grant recipient(s) will maintain financial records sufficient to identify Grant funds and show expenditures. Records and/or copies of Grant financial activities will be made available for inspection by the Robinson Fund Trustees upon request and said records will be maintained by the Grant recipient(s) for at least two (2) years after the Grant funds have been expended.
- 5. Reports:** At the conclusion of the Grant a written report reviewing and evaluating the Grant is required of the Grant administrator prior to receiving the final payment.

**The signature(s) below will indicate acceptance of, and agreement with, these TERMS OF AWARD**

Grant Administrator(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Principal: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**The signatures of the following indicate that they are aware of the Grant Award.**

Superintendent of Schools: \_\_\_\_\_ Date: \_\_\_\_\_

School Board Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Grounds & Building Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
(If necessary)

Business Office Administrator: \_\_\_\_\_ Date: \_\_\_\_\_