

Arkansas Forestry Association Education Foundation  
Outdoor Learning Center Grant Application  
2008

**ELIGIBILITY:**

1. Grants for any amount up to \$1000 will be considered.
2. Any private or public school is eligible to apply.
3. At least one certified school employee must be a part of the grant writing process.
3. Grant funds may be used for any grade level as long as the applicant can show how an outdoor learning center can positively impact the school curriculum.
4. Schools may not receive the outdoor learning center grant in two consecutive years.

**INSTRUCTIONS:**

1. Type or print legibly in black ink.
2. Use the attached form to submit a grant proposal. Where possible, confine descriptions and explanations to the space provided on the application form.
3. Answer all questions as they appear in the application. Incomplete applications will not be considered for funding.
4. Retain a copy for your files and mail the original to:  
  
Attention: Outdoor Learning Center Grant  
AFAEF  
410 South Cross Street  
Little Rock, AR 72201
5. All grant applications must be postmarked no later than Friday, December 12, 2008
6. No faxes or emails will be accepted.
7. For more information, contact Rob Beadel at (501) 374-2441 or by email at [rbeadel@arkforests.org](mailto:rbeadel@arkforests.org)

**REQUIREMENTS**

Should your grant application be accepted the following will be required:

1. A final report, due upon completion of the project.
2. Provide appropriate photographs (print or digital) and student release forms (if required by your district) to AFAEF for internal and external media coverage.

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Outdoor Learning Center Grant Application

***Please type or print clearly.***

Return your completed application, postmarked by **Friday, December 12, 2008**, to Outdoor Learning Center, Arkansas Forestry Association Education Foundation, 410 South Cross, Little Rock, AR 72201. Incomplete grant applications will not be considered for funding. Please answer all items clearly and concisely. No faxes or emails will be accepted.

Applicant Name \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

School District \_\_\_\_\_

Best time to reach you by phone \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Principal's Signature \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_

Project Supervisor (if different from applicant) \_\_\_\_\_

Fiscal Agent (if different from applicant) \_\_\_\_\_

Make check payable to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount Requested \_\_\_\_\_ (AFAEF will *not* cover salaries of any kind, administrative costs, electronic equipment unless specifically used in the outdoor learning center, shipping costs, training, mileage, field trips or the like)

**PART I. TEACHER PREPARATION**

A. Are you a Project Learning Tree:

Educator      Yes \_\_\_\_\_      No \_\_\_\_\_

Facilitator    Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, location(s) and approximate date(s) of your initial training \_\_\_\_\_

If no, are you willing to be trained?

Yes \_\_\_\_\_      No \_\_\_\_\_

B. List any other training that you feel uniquely qualifies you to successfully plan and implement an outdoor learning center.

**PART II. PROJECT DESCRIPTION**

A. Project Title \_\_\_\_\_

B. Project Type (i.e. outdoor classroom, garden, nature trail, etc.) \_\_\_\_\_

C. Provide measurable goals for the project.

D. In 500 words or less, provide a detailed description of your proposed project. Use a separate sheet if necessary.

E. Explain how students will be involved in the project.

F. Describe the steps taken to involve the administration in planning and implementing the project.

G. Explain how maintenance and custodial staff will be included to assure success of the project.

H. What impact will the project have on the school's overall curriculum?

I. Explain how Project Learning Tree activities could be used in the learning center.

J. What steps are in place to assure the continued use and care of the learning center?

K. Provide a project timeline, including anticipated starting and completion dates. Use an additional sheet if necessary

Date	Activity

**PART III. BUDGET**

A. Have you applied for or received other grant funds to support this project?

If yes, please list sources and amounts \_\_\_\_\_  
 \_\_\_\_\_

B. In the table below, show an itemized project budget. Be as specific as possible, listing items and prices whenever possible. Use an additional page if necessary.

Item or Activity	Cost	Matching Funds (if applicable)	Source of Matching Funds (i.e. PTA, Green Garden Nursery, parent donation, in-kind)
Total Expenditures			
Project Total			