



Arizona Center for Afterschool Excellence | 2021 STEM Grants

Submit your completed ONLINE grant application and a detailed budget showing how the funds requested will be spent to AzCASE by the application deadline: **Thursday, April 1 @ 5 PM.**

Contact Information

Name of Out-of-School Time Program

Name of STEM Project

Name of School/District/Organization

Primary Contact

Title

Email

Phone

Address

City/State/Zip/County

Program Details

Has your program received a STEM grant in the past?

Yes No Not Sure

Has your OST program submitted an assessment using the Arizona Quality Standards Assessment Tool?

Yes No Not Sure

Has your OST program signed the Make It Count Pledge?

Yes No Not Sure

Days of Operation

Mon Tues Wed Thurs
 Fri Sat Sun

Hours of Operation

Morning Afternoon Evening

Type of OST Program

School Based Community Based
 Faith Based Other: _____

OST Program Location Classification

Urban Suburban Rural

Are STEM activities already a part of your OST program?

- Yes No

If YES, when are they offered?

- School Year Summer Both

What is the primary focus of your STEM activities? (Check all that apply)

- Science Technology
 Engineering/Design Math

Nature of STEM activities offered? (Check all that apply)

- Youth centered, hands-on projects Field trips
 Outside Vendors Staff-led

Name of STEM Curriculum (if used)

Name of Outside STEM Vendor (if used)

Project Description

When will the program to be funded take place? Has it passed, currently in session or upcoming?
(Preference given to upcoming programs)

Please describe in detail the nature and content of the STEM project that you intend to fund with this grant. (1,000 word maximum)

What are your youth development goals for this project? How will youth be enriched by this project?
(1,000 word maximum)

Demographics of Youth

Approximate number of youth served by your proposed STEM project: _____

Girls

Boys

Age range of youth served by the project

Ethnicity of youth served by this specific project (Check all that apply):

- Hispanic/Latino Black/African American
 White/Caucasian Asian/Asian American
 Native American Other

Underrepresented youth served by this specific project (Check all that apply):

- Low-Income Minority
 LGBTQ Not Applicable

Budget

Amount requested to fund this project (*not to exceed \$1,500*):

\$ _____

Please submit a detailed budget showing how the funds requested will be spent to ensure successful implementation of this project. Indirect costs are not allowed. If the cost of your proposal exceeds the amount requested, please specify where the additional funds will come from.

Dates Covered By Budget:

ITEM	DESCRIPTION	QUANTITY	COST PER UNIT	TOTAL
(Add more rows as necessary)				
			TOTAL PROJECT COSTS:	

Budget Narrative

(Not required, however, a description of how the costs were estimated and any relevant justifications for the need for a given item may be helpful to the judges):

Submission Deadline is Thursday, April 1 @ 5 PM.

For more information, please contact ckhoury@azafterschool.org.