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| Is the project requesting FASST funding? [ ] Yes [ ] No  If yes, please complete the FASST Grant Application form.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Application for approval of a non-funded CABAS® initiative | | | | | | | | Application Date: |  | Org Website: |  | | | | | Applicants Legal Name: (as shown on IRS Letter of Determination) |  | | | | | | | Doing Business As: (if different from legal name) |  | | | | | | | EIN #: |  | | | | | | | Address: |  | | | | | | | City: |  | State: |  | | Zip code: |  | | Telephone #: |  | Fax #: | |  | | | | Executive Director:  (or Top Executive) | (Please include prefix and title) | Phone #: | |  | | | | Email Address: | |  | | | | Main Contact(s) for this Proposal: |  | Phone #: | |  | | | | Email Address: | |  | | | | Board President: |  | Phone #: | |  | | | | Email Address: | |  | | |   FOUNDATION FOR THE ADVANCEMENT OF A STRATEGIC SCIENCE OF TEACHING   |  |  | | --- | --- | | Applicant’s tax exempt status/ IRS designation (e.g. 501(c)(3), 501(c)(9), etc) | (Attach a copy of the IRS Letter of Determination- NOTE- this is not the state sales and use tax exemption certificate. If there has been a name change provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination) | | If not a 501(c)(3) Nonprofit, then who is fiscal agent? | (Attach a copy of the written agreement from fiscal agent plus fiscal agent’s contact information and EIN) | |

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| Organization Information |
| **Organization Mission Statement** |
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| **Summary of Organization’s History** |
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| **Description of the organization’s current programs, activities, number served annually, and accomplishments.** *This should be a healthy combination of narrative and data points- while this particular question asks only for number served an outstanding answer will include both outputs and outcomes- what effect was had on the number served?* |
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| Proposal Summary |
| |  |  |  |  | | --- | --- | --- | --- | | Type of request (check one): Note, FASST is not currently providing funding for projects. Check with board for updates | | | | | [ ] Curriculum Development | | [ ] Protocol Update | | | [ ] Staff Training | | [ ] Assessment Tools  [ ] Forms and Documents | | | [ ] Research | | | [ ] Other | |  | | |  | | | | | [ ] New Project | [ ] Existing Project | | [ ] Expansion of Existing Project |   Will the product be available for usage in CABAS accredited programs? [ ] Yes [ ] No [ ] NA  Will the product be available for mass dissemination? [ ] Yes [ ] No [ ] NA  If yes, will FASST be responsible for publishing, distribution and marketing? [ ] Yes [ ] No  *Please note: You will be contacted by a FASST Initiatives Committee member to discuss specifics related to these questions.*   |  | | --- | | Proposal Summary - In 100 words or less summarize the purpose of this request. | |  | | Product or Program objectives include:   1. **Objective 1** 2. **Objective 2** 3. **Objective 3**   If the proposal described herein is approved, a Memorandum of Understanding (MOU) will be developed between FASST and the applicant. The MOU will outline the expectations and responsibilities of each party.  We are excited to have the opportunity to work with you. Thank you for your consideration of our request. |  |  | | --- | | **Agreement:**  *I certify to the best of my knowledge, that all information included in this proposal is correct.*  *As a representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I agree to abide by the Memorandum of Understanding (MOU) between FASST amd \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.* |  |  |  |  | | --- | --- | --- | |  |  |  | | Signature, Executive Director  *(or authorizing official on behalf of the organization)* |  | Date | |

**For Office Use Only**

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| Date Received: | Date Reviewed by Board: | Outcome:  Adopted  Adopted pending revisions  Rejected |