





**7. What is the duration of the project? Please be aware of the 60-day grant approval process.**

**Start date:** \_\_\_\_\_ **End date:** \_\_\_\_\_

**8. Describe how the project will enhance the student/individual/organization(s) awareness of viable STEM career and occupational opportunities.**

**9. Is there a plan in place to maintain the sustainability of the project?**

**10. Describe how the project will integrate culture, science and technology:**

**11. Describe the measurable outcomes and how you will measure success. Explain how you will:**

- **Track outcomes**
- **Achieve qualitative and/or quantitative results**
- **Meet objectives**

**You will be asked to report on how these measurable outcomes were met in your Final Report.**

12. Provide a budget breakdown for the entire project using the attached Budget form. Please specify by checking off which items you are seeking funding for from this grant if awarded. Be sure to explain how the funding will help to achieve them. Please also indicate the source and amount of other support—whether in funding or in-kind—that you have received or expect to receive.

**MEDB Ke Alahele Education Fund**

**Proposed Budget**

**Grantee Name:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

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

Description of item or service	Quantity	Unit Price	Total	Seeking Funding
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
<b>TOTAL</b>				

Funding Sources	Pending	Secured	
MEDB Ke Alahele Education Fund Request			
Other Funds (Identify all sources and amounts below)			
In-Kind Support (Identify all sources and types of support below)			
<b>FUNDING TOTAL</b>			

**Applicant Name:** \_\_\_\_\_

**Applicant Title:** \_\_\_\_\_

**Applicant Role in Project:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

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

**If organization:**

**Executive Director's Name:** \_\_\_\_\_

**Executive Director's Signature:** \_\_\_\_\_

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

**If applicant is an educator or student or if project is school-based, approval of principal is required and is indicated by signature below:**

**Principal's Name:** \_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_

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

Applications for all Robotics are due in September and all other applications are January 27<sup>th</sup>. Any outstanding final reports due from the school/organization/individual or incomplete proposal packets will not be reviewed.

Please upload proposals to <https://www.medbpathways.org/ke-alahahele-education-fund>.

If you have questions about this application form, please email [kealahahele@medb.org](mailto:kealahahele@medb.org) or (808) 875-2300.