



America-Italy Society of Philadelphia

ENTE GESTORE

1420 Walnut Street, Suite 310 Philadelphia, PA 19102

Phone: 215-735 3250 Fax: 215 735 7604

www.aisphila.org info@aisphila.org

Program Funding Proposal

Situation for School Year 2018-2019

Please print:

District _____

Supervisor/Principal _____

Tel. _____ **Fax** _____

Address _____

Email _____

Contact Person _____ **Title** _____

Tel. _____ **Email** _____

1. **GENERAL SITUATION** Please provide background information about the Italian Program in your District, including enrollment data, grade levels, status (private, public, charter).

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Attach a statement of administrative support for the proposed program

(new Courses – AP Course for Teacher – Books for Students)

and need for funding. Include a plan of action to sustain the program in the future.

1. For a new Program:

Amount of funding requested \$ _____
(Funding will be provided toward teachers salary, books for students, and materials for Teachers: benefits are not covered.)

Amount of Matching Fund \$ _____
(toward teacher salary, teaching materials)

2. To sustain a Program expansion:

Amount of funding requested \$ _____
(Funding will be provided toward teachers salary, books for students, and materials for Teachers: benefits are not covered.)

Amount of Matching Fund \$ _____
(toward teacher salary, teaching materials)

3. For new material for students

Amount of funding requested \$ _____ Amount of Matching Fund \$ _____

A report of the activities carried out with the support of the grant along with an itemized list of the expenses (with sale receipts where applicable) should be submitted by the School to the Ente Gestore by **January 31st, 2019.**

The money from the 2018 grant must be spend in the year 2018

Superintendent/ Principal

Name _____ Signature _____

Date ____/____/____