

Partners Providing Excellence in Education



GRANT APPLICATION FORM

Date:

School:

Applicant's Name:

Applicant's Position:

Applicant's Email Address:

Applicant's Phone:

Project Title:

Total Grant Request (\$):

If full funding is unavailable will partial funding be beneficial?

Please provide a one paragraph summary description including the goals of the project. Be sure to highlight innovative, creative and/or enhanced educational experiences and opportunities (attach further description if needed).

GRANT APPLICATION FORM CONTINUED (Answer the questions below; adjust spacing as needed).

1. When do you plan to implement your project? Please include timeline. If appropriate, also indicate by when you need to hear a response regarding this grant.

2. How does your request complement the curriculum?

3. Approximately how many pupils will benefit from this project? Explain your number.

4. What is the expected educational outcome of this project? How will the students benefit?

5. Please provide evidence on how this request will be beneficial to the target student population.

6. **DETAIL** your budget request. Include specific information, sources of supply and costs. Be specific, no grant will be considered without this information. (Please add rows as needed)

<u>ITEM</u>	<u>SUPPLIER</u>	<u>COST</u>

7. Has this proposal been submitted to any other funding source? If so, please list source and amount of request.

8. Describe how outcome(s) will be reported (e.g., written summary of results, project, video, etc.). The results of the project should be shared with the SEF and BEF.

Note: For grant of \$1000 and above, the applicant(s) may be asked to speak on behalf of the program to the BEF or SEF board at the next meeting.

Applicant's Signature	Print name	Date
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Signature of Building Principal or Supervisor	Print name	Date
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Signature of Director of Curriculum and Instruction	Print name	Date
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Please return completed application to Mrs. Ana Maria Zambrano, Secretary to the Director of Curriculum and Instruction, 51 West Cliff Street, Somerville, NJ 08876.