



BEF GRANT APPLICATION FORM

Date: _____

Applicant's Name(s): _____

School: _____ School Phone: _____

Applicant's Position(s): _____

Applicant's Email Address(es): _____

Project Title: _____

Total Budget Request: \$ _____

If full funding were unavailable, would partial funding be beneficial? (If yes, explain below) YES NO

DETAIL your budget request. Include specific information such as kinds of materials and equipment needed, sources of supply and costs. Categories to be used could be such items as materials, equipment, food, etc. Be specific, no grant will be considered without this information.

ITEM

SUPPLIER

COST

In one paragraph, give a summary description of the grant. Be sure to highlight innovative, creative and/or enhanced educational experiences and opportunities. (attach further description if needed)

BRANCHBURG EDUCATION FOUNDATION GRANT APPLICATION FORM CONTINUED

Answer the questions below; adjust spacing as needed.

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

2. Approximately how many pupils will be affected by this project? Explain your number.

3. Is this project a requirement of a specific class? YES / NO If yes, please clarify which class.

4. What are the student learning outcomes from this program? When possible, highlight how the program will complement the school curriculum.

5. Has this proposal been submitted to any other funding source? YES NO If yes, please list source and amount of request.

If awarded a grant, the applicant agrees to share the results (via a feedback form) of the project with the Branchburg Education Foundation within 30 days of project implementation. If you are sending pictures or videos, please indicate if photo release forms have been signed for all of the participants.

_____	_____	_____
Applicant's Signature	Print name	Date
_____	_____	_____
Signature of Building Principal	Print name	Date
_____	_____	_____
Signature of Supervisor of Curriculum, Instruction and Assessment	Print name	Date
_____	_____	_____
Signature of Superintendent	Print name	Date

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