

Schedule	Applications are due November 1 for spring grants, May 1 for fall grants. Applicants will be notified by e-mail within thirty days whether their projects will be funded.
Applicants	Teachers, Administrators, Home & School Associations, Outside group partnerships.
Criteria	Evaluated on quality of content, number of students served and fulfillment of district goals. You may be invited to appear before the BEF Board to explain your application. NOTE: Those submitting grant applications for technology-related items must first gain approval from the District's Technology Committee. See your Principal for details. If approval is granted, please attach the approval form to this application or it will not be considered. Additionally, all Professional Development requests must be reviewed and approved by the Professional Development Director before submission. Please attach the approval form to your grant application.
Funding	Joseph Kliminski Teacher Grants are up to \$500. Extraordinary Grants are those that exceed that limit and are awarded on an individual basis.
Evaluation	If an award is made, you will be required to submit a commitment letter to state your intent and start date. At the end, you will be required to submit an evaluation.
LIMITATIONS	Grants will be awarded for teacher stipends and education themed prizes. No bus trips, snacks or classroom supplies.
QUESTIONS	Direct questions to Ann Dassing, BEF Executive Director, (973) 403-0032 or info@bloomfieldeducationalfoundation.org.



APPLICANT INFORMATION

School			
LAST NAME	First Name		
STREET ADDRESS			
School e-mail			
PERSONAL E-MAIL (OPTIONAL)			
TELEPHONE (SCHOOL)	PERSONAL		
TITLE			
Additional Applicant			
Additional Applicant			
Additional Applicant			
PROJECT INFORMATION			
I ROJECT INFORMATION			
TITLE OF PROJECT			
SUBJECT OR CLASS	START DATE	COMPLETION DATE	
NUMBER OF STUDENTS	Grade(s)		
PROPOSED TOTAL BUDGET:			

SUMMARIZE PROJECT IN 1-3 SENTENCES.

BEF Office Use Only. _____ Approved

_____ Declined



PROJECT DETAILS

How will students benefit?

WHO WILL BENEFIT OUTSIDE YOUR CLASS?

HOW WILL YOU MEASURE YOUR GOALS AND IMPACT OF PROJECT?

DESCRIBE PROJECT'S RELATIONSHIP TO GOALS AND PRIORITIES OF BLOOMFIELD PUBLIC SCHOOLS



For	BEF	us

Project Budget				
Expense Item	Quantity	Cost per Unit	Quantity x Cost	

Total Cost of Project: ____

OTHER SOURCES OF REVENUE

	Amount
Total Grant Request:	

I confirm that all information in this application is accurate. I understand that this information may be shared with the school Principal, prospective donors and the BEF website. I have included the Technology Committee approval form as required by the BEF, for all technology-related requests and the Professional Development approval form for all Professional Development requests.

I also agree to send an evaluation letter at the conclusion of this project, to BEF care of: Ann Dassing, BEF Executive Director, Bloomfield Educational Foundation, P.O. Box 327, Bloomfield, NJ 07003 or e-mail evaluation letter to: info@bloomfieldeducationalfoundation.org.

Signature of Applicant	_Date:
Signature of Additional Applicants	Date:
Signature of Principal	Date: