

GRANT APPLICATION

Complete the sections below and submit this cover sheet with the application. Applications which do not contain all the required information will not be considered. Send application to BEF c/o Office of Curriculum and Instruction, Bloomfield Public Schools, 155 Broad Street, Bloomfield, NJ 07003 or fax to: 973-566-0994. Applications must be submitted by the first Monday in October or the first Monday in April to be considered.

Check one: Mini-Grant Application Extraordinary Grant Application
 Oct. ____ (year) April ____ (year) Oct. ____ (Year) April ____ (Year)

Applicant Information:

Name of Primary Applicant: _____

Street, City, State, Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Grade(s) and/or Subject(s) Taught: _____ School: _____

Names of Additional Applicants: _____

Project Information:

Title of proposed Project: _____

Purpose of Grant: (One sentence) _____

Proposal Narrative: Attach separately, Must be typed.

- Describe the project, including its benefits, and objectives, in accordance with the grant guidelines. Be sure to provide a timeline for implementation and to explain how you will evaluate the project's success.
- Include the projected submission date for the project evaluation.
- Provide a brief summary of the relevant background experiences that will contribute to the success of the proposal.
- Dates/Duration: Attach a schedule of implementation of dates and duration - i.e., 8 Tuesdays, from Jan 2nd until March 2nd 4-5PM.

Budget:

- Attach itemized budget separately. Requested grant amount: \$ _____

Authorization and acknowledgement to be completed by school principal:

Do you acknowledge that this project is outside of the normal budget? Yes No List additional comments separately.

Principal's Signature: _____ today's Date: _____

Applicant's signature: _____ today's Date: _____

Additional signature(s): _____