

# JOSEPH KLIMINSKI TEACHER GRANT AND EXTRAORDINARY GRANT APPLICATION

#### SCHEDULE

**Joseph Kliminski Teacher Grant Applications** are due **Dec 1.** Grants should be implemented during the following year, once the award has been made.

**Extraordinary Grant Applications** are considered on a rolling basis throughout the school year. To apply for either grant, download and complete this form. E-mail it to: info@bloomfieldeducationalfoundation.org. Applicants will be notified by e-mail in January, 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.

**Q**UESTIONS

Direct questions to Ann Dassing, BEF Executive Director, (973) 403-0032 or info@bloomfieldeducationalfoundation.org .



#### JOSEPH KLIMINSKI TEACHER AND EXTRAORDINARY GRANT APPLICATION

Date Received.	For BEF use.

Applicant Information		
School		
Street Address		
SCHOOL E-MAIL		
Personal e-mail (optional)		
Telephone (School)	PERSONAL	
Title		
Additional Applicant		
Additional Applicant		
Additional Applicant		
Project 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. \_\_\_\_\_ Board approval date \_\_\_\_\_ Declined



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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



## JOSEPH KLIMINSKI TEACHER AND EXTRAORDINARY GRANT APPLICATION

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Project Budget			
Expense Item	Quantity	Cost per Unit	Quantity x Cost
	Tot	tal Cost of Project: _	
OTHER SOURCES OF REVENUE			
			Amount
	Tot	tal Grant Request:	
I confirm that all information in this application is accurate. It is school Principal, prospective donors and the BEF website. I ha equired by the BEF, for all technology-related requests and the Development requests	ve included the T	echnology Committe	e approval form as
I also agree to send an evaluation letter at the conclusion of this Bloomfield Educational Foundation, P.O. Box 1358, Bloomfield info@bloomfieldeducationalfoundation.org.			
Signature of Applicant		Date:	
Signature of Additional Applicants		Date:	
Signature of Principal		Date:	