

SCHEDULE

Joseph Kliminski Teacher Grant Applications and 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@bloomfielddeducationalfoundation.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.

QUESTIONS

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

Date Received.

For BEF use.

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

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 _____ Board approval date _____ 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

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 1358, Bloomfield, NJ 07003 or e-mail evaluation letter to: info@bloomfielddeducationalfoundation.org .

Signature of Applicant _____ Date: _____

Signature of Additional Applicants _____ Date: _____

Signature of Principal _____ Date: _____