

**Grant #S-**



**GRANT APPLICATION**

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Applicant(s):

Position(s):

Please list individual contact person:

Name:

Phone #:

E-Mail:

Project:

Total Amount Requested:

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**I. PROJECT DESCRIPTION**

Please give a brief project summary.

Date Approved \_\_\_\_\_ .Check here if technology has been approved by Linda  
McMann

**II. PROJECT OBJECTIVES**

Please list specific objectives (including impact on curriculum).

**III. Briefly describe how your grant request aligns with the Foundation's mission. (Mission Statement is on the cover sheet).**

**IV. How many students would benefit from this project? In which schools? In which classes/activities?**

**V. PROJECT TIMETABLE**

Starting date (or date of initial funding): xx

Intermediate benchmarks (if any):

Project completion date: xx

*Please note that any grant funds not expended by June 30, 2012 will be considered as assets available for future use by the Foundation.*

**VI. PROJECT ASSESSMENT:** A project evaluation may be required within the year of your grant award.

1. When should the project be evaluated?
  
2. How and by whom will the project be evaluated? What measurement(s) will be used in your project evaluation?
  
3. Technology assessment (if applicable) how will you measure and evaluate the technology component to this grant?
  
4. Will the project be continued at the end of this grant? If so, how will it be funded?

**VII. PROJECT STAFF**

List persons directly involved in the project and their specific time commitments.

Name	Project Responsibilities	Total Hours
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**VIII. PROJECT BUDGET**

1. Cost of Equipment and Supplies  
*(List items, suppliers, quantities and shipping if applicable, cost/item)*  

Total Equipment/Supplies Costs: \$
  
2. Cost of Purchased Services  
*(List by name of service/person, total hours, cost per hour)*  

Total Purchased Services Costs: \$
  
3. Travel Expenses  
*(List by type of expense, cost/item)*  

Total Travel Services Costs: \$
  
4. Staff Costs  
*(Bronxville Faculty Member's maximum of \$48.11 per hour)*

*While the Foundation prefers not to fund staff costs we recognize that for some grants there may be a need.*

Total Staff Costs: \$

**TOTAL GRANT REQUEST BUDGET: \$**

**IX. ALTERNATIVES**

1. If the Foundation is unable to fund the project as proposed, what will happen to the project?
  
2. If the Foundation is able to partially fund this project, please suggest what should be the priority for funding?

**ALTERNATIVE GRANT REQUEST BUDGET: \$**