

**SUFFIELD FOUNDATION
FOR EXCELLENT SCHOOLS**
MINI GRANT APPLICATION

<p>Total Grant Request Amount LIMIT \$1000:</p> <p>\$ _____</p>
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Principal's signature is required prior to submission. Return completed form to: **grants@sfes.org**

Section I - General Information	
Applicant Name (and Advisor if student applicant)	
Title of Project	
Department, Curriculum Area, Class, Club or Student Organization	
School	
Telephone Number for Primary Contact	
E-Mail Address for Primary Contact	
Section II - Project Beneficiaries	
Grade Level:	
Number of Students Affected:	
Number of Staff Affected:	
Section III – Project Summary (enter responses to the right of each question)	
<p>Overview</p> <p>In a few sentences, briefly explain your project</p>	
<p>Time line and Plan of Action</p> <p>Provide a time line of events for the project and if the project must be conducted during a specific time period during the Academic Year, please indicate which weeks or months</p>	

Alignment to criteria Explain alignment to mini grant criteria: 1) Enhancement to curriculum 2) Innovation 3) Impact on students	
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Describe any research done in support of requested grant	
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SECTION IV – Funding Information (Please attach all supporting details- current price lists, catalogs, etc). All technology expenses require review by the technology coordinator

Supplies, Materials, equipment	
Travel:	
Other – Please specify	
Shipping & Handling fees:	
Total Amount Requested:	
If other funds may be available or required to pay for this project, describe your efforts to obtain these funds:	

Section VI - Agreement

By electronically signing below, the applicant hereby (a) agrees to complete a post-project evaluation for SFES, (b) grants to SFES the right to use this application and the results of this project in a way that will benefit other educators within the Suffield School System and for SFES public awareness purposes, and (c) understands that grant awards are subject to the policies of SFES and all property purchased by SFES grants is the exclusive property of the Suffield School System.

Applicant Signature: _____ Date: _____

Building Principal Comments

Building Principal	
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<p>SFES Grant Committee Recommendation:</p> <p>Approve Disapprove Granted \$ _____</p> <p>Comments:</p>
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