

**SUFFIELD FOUNDATION  
FOR  
EXCELLENT SCHOOLS  
2012 GRANT APPLICATION**

Please complete this form and return to:  
SFES – Grants Application  
Office of the Superintendent  
350 Mountain Road  
Suffield, CT 06078

Total Grant Request Amount (do not itemize):	
\$ _____	
_____	_____
Building Principal's Signature	Date
_____	_____
Superintendent's Signature	Date

<b>Section I - General Information</b>	
Project Leader(s) or Applicant Name	
Title of Project	
Department or Curriculum Area	
School	
Subject Area or Grades Taught	
Best Telephone Number for Primary Contact	
Best E-Mail Address for Primary Contact	

<b>Section II - Project Information</b>	
Type of Project (Highlight one):	individual                      collaborative
If another related application is being made to SFES that coordinates with this application, please list its project title below:	

<b>Section III - Project Beneficiaries</b>	
Grade Level:	
Number of Students Affected:	
Number of Staff Affected:	

**Section IV – Project Summary (enter responses to the right of each question)**

**Overview**

In a few sentences, briefly explain your project.

**Motivation**

What prompted your interest in or need for this project?

**Objectives**

State specifically what your project will accomplish.

**Contribution**

How is this project innovative or creative, or what does it offer as a unique learning experience?

<p><b>Plan of Action</b></p> <p>Explain how you would conduct your project</p>	
<p><b>Timeline</b></p> <p>Provide a timeline 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>	
<p><b>Rationale</b></p> <p>Why do you think there is a specific need for this project?</p>	
<p><b>Curriculum</b></p> <p>How does this project enhance and encourage the current curriculum?</p>	
<p><b>Sustainable Benefits</b></p> <p>How would this project have potential beyond the grant period or extend to other classrooms and/or schools. How would the community benefit from this project?</p>	

**SECTION V – Funding Information (Please attach all supporting details- current price lists, catalogs, etc). All technology expenses require review by the technology coordinator**

Supplies and Materials:	
Equipment:	
Personnel/Stipend:	
Travel:	
Consulting or support fees:	
Installation fees:	
Shipping & Handling fees:	
<b>Total Amount Requested:</b>	
If other funds may be available to pay for this project, describe your efforts to obtain these funds:	
Describe, if applicable, any additional funding that this project will require beyond the grant period to achieve sustainability?	

**Section VI - Evaluation**

By 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please feel free to attach any additional information to support your proposal.**

<b>Comments</b>	
Technology Director (if applicable)	
Building Principal	
Superintendent	

**SFES Grant Committee Recommendation:**

Evaluation Completed \_\_\_\_\_

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ \$ Granted \_\_\_\_\_

Comments: