

**SUFFIELD FOUNDATION
FOR
EXCELLENT SCHOOLS
GRANT APPLICATION**

Please complete this form and return to:
grants@SFES.org

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

Section I - General Information	
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	

Section II - Project Information	
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:	

Section III - Project Beneficiaries	
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>Plan of Action</p> <p>Explain how you would conduct your project</p>	
<p>Timeline</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>Rationale</p> <p>Why do you think there is a specific need for this project?</p>	
<p>Curriculum</p> <p>How does this project enhance and encourage the current curriculum?</p>	
<p>Sustainable Benefits</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:	
Storage and Security Plan for equipment:	
Personnel/Stipend:	
Travel:	
Consulting or support fees:	
Installation fees:	
Shipping & Handling fees:	
Total Amount Requested:	
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	
<p>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.</p>	
Signature _____	Date _____

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

Comments	
Technology Director (if applicable)	
Building Principal	

SFES Grant Committee Recommendation:

Evaluation Completed _____

Approve _____ Disapprove _____ \$ Granted _____

Comments: