**THE PELHAM EDUCATION FOUNDATION**

**GRANT APPLICATION FORM 2022-2023**

Please check one of the options below:

□ This is a Major Grant Application (For grants > $5,000, no submission deadline)

□ This is a **Mini Grant Application** (For grants of $1,000 to $5,000, no submission deadline)

□ This is a **Micro Grant Application** (For grants up to $1,000, no submission deadline)

*District Pre-approval process:*

 *All projects require both the building principal and the director associated with the subject matter to be listed as sponsors.*

*Projects intended primarily to benefit students with special needs, also require the signature of Traci Holtz as a sponsor.*

*Projects in the area of technology also require the signature of John Sebalos as an administrative sponsor.*

*By listing the aforementioned sponsors, you will indicate that you have received his/her approval of your project.*

*All grant requests must be seen by Dr. Alice Bowman before being sent to the PEF*

**Applicant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Estimated Cost of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Amount Requested of the PEF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person (Name and E-mail Address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Building Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Sponsors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **PROJECT DESCRIPTION.** Please provide a brief description of your project.
2. **PROJECT OBJECTIVES:**
	1. **What is to be accomplished through the proposed project**? *(for example: the impact on the curriculum, support of common core standards and/or the district’s strategic plan, the impact on student achievement or professional development).*
	2. **Project beneficiaries:** *How many students, in which grades, and at which school(s)? Will the project benefit students in one year or multiple years?*
3. **PROJECT BUDGET.**
	1. Itemized costs (*attach vendor quotes/invoices including teacher stipends if applicable)*
	2. Other Funding**.** *(sources and amounts)*

*Have you requested funding for this project from the District? If so, please indicate whether any District funds will be available for the project.*

1. **PROJECT TIMETABLE.** When will the project to begin (or the date on which you

will require funding) and when you expect the project to be completed?

1. **PROJECT ASSESSMENT.** *As a condition to awarding a grant, the Foundation will require a*

*project evaluation promptly following the completion date of the project. Evaluation may include a written survey, an interview by a Foundation board member, a brief presentation at a Foundation board meeting, or other forms of evaluation appropriate to your project.*

* 1. Describe desired outcomes and when such outcomes may be assessed

**The Project Development Committee of the Pelham Education Foundation will review your application and will make recommendations to the board of directors of the Foundation.**

**In order to facilitate distribution to committee and board members, the committee requires that all applications be submitted in Microsoft Word by email to:**

**Kate Carpenter (**KateCarp302@gmail.com**)**

**Sarah McKee (**sarah.baumgardner@gmail.com**)**

**And, please CC: Dr. Alice Bowman (**abowman@pelhamschools.org**)**

**Thank you, and good luck!**