

## 2020-21 Grant Application

Name of Applicant(s) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please indicate your status: \_\_\_staff \_\_\_student \_\_\_parent organization Phone# \_\_\_\_\_

School, department or organizational affiliation within the district \_\_\_\_\_

Title of proposed project \_\_\_\_\_

Duration of project (start/end dates) \_\_\_\_\_

Dollar amount of the grant for which you are applying (up to \$250) \$ \_\_\_\_\_

Month check is needed \_\_\_\_\_

Indicate to whom the check should be made payable \_\_\_\_\_

(Note: The Foundation prefers that checks be made payable to the product supplier, if possible. In the event that the check must be made payable to the grantee, receipts must be provided.)

Describe your project, as well as your goals and objectives (How will this project benefit students in the Clifton Public Schools? How many students will be involved in this project? etc.) Feel free to attach additional sheets with information if the space below is not sufficient to describe your project.

Attach an itemized budget for your project (i.e., 5 markers @ \$2/each, etc.). Please note that any equipment requested in a grant will be passed through the Superintendent's office before approval is given. Equipment that can be made available to the project from the Clifton Board of Education will not be honored. Grant money should not be used to raise money for other causes outside of school or donated to other organizations. Personal electronic equipment will not be approved. Field trips will not be funded.

### APPROVAL SIGNATURES:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Subject Supervisor or Asst. Superintendent

\_\_\_\_\_  
Faculty Advisor (if applicable)

\_\_\_\_\_  
Coordinator of Instructional Technology (if applicable)