Bristol Warren Education Foundation

Enrichment Grant for Educational Excellence

Grant Application

For Grant Request above $1,000
Funded for the 2020 – 2021 School Year
Please submit application by March 20, 2020
E-Mail to:
grants@bwedfoundation.org

Name of Grant: ________________________________________________________________

(Note: Please save document as: grant title-school-applicant, eg: science
(eg: PhilharmonicTrip-JaneDoe-Rockwell)

Applicant(s): ________________________________________________________________

Applicant’s Position(s): ______________________________________________________

Applicant’s School: __________________________________________________________

Applicant’s Contact Information: Email Address: ______________________________
Home Phone: __________________ School Phone: ______________________________
Cell Phone:

Co-applicants (if any): ______________________________________________________

Project Name: ______________________________________________________________

Total Funding Request (from Section VII of this Grant Application):

$________________________

Student population that will benefit from this project in the initial year:

___________________________________________________________________________
I. Project Overview:

A. Tell us about your project. Try to express here how this project is compelling, collaborative and creative.

B. Describe how your application provides Creative Innovative Approaches to Teaching and Learning. (See Grant Guidelines)

C. Is this a program that has previously been run in your school? If yes, explain what plans you have, if any, to improve the program.

Does your grant involve a request for new technology hardware or software? Yes or No ____________.

IF YES, please complete the required Technology Addendum and include as part of your grant application.
II. Goals and Objectives

A. What is the goal of the project?

B. What are the objectives that will be met in order to achieve the goal?

C. Please explain how the project’s goal is consistent with the BWRSD’s Strategic Plan and the relevant curricular goals of the school.

III. Rationale and Collaboration

A. Why is the program/project needed?

B. Please provide any data or research supporting your program. (See Rubric Section 3)
C. Please describe any and all collaboration with other teachers, professionals, schools or community resources during the project’s design and/or the implementation of the project.

IV. Implementation Plan

How do you plan to implement your program? Describe the activities, timelines, measurable outcomes and methods of evaluation/assessment. Please identify how this achieves each of the objectives in section II above. Be as detailed as possible.

Note: Grants awarded must be implemented by the end of the school year following the school year the grant was awarded.

V. Program Evaluation:

How will you evaluate the success of the program? Be as detailed as possible.
VI. Impact:

The mission of BWEF is to promote educational excellence in Bristol Warren public schools.

A. Describe the student population impacted by your program.

B. Demonstrate how that student population is impacted by the program.

C. How will you share the results of this grant with colleagues in the hopes of increasing the impact on the whole district? (eg. Present at a faculty meeting, lead a session at PD day, create a video of class demonstrating the strategies, open classrooms for teacher walkthroughs, etc.)

D. Sustainability of the BWEF is dependent on community awareness and support of our work. How will you showcase the program and BWEF’s grant in the community?
VII. Budget:

Identify all anticipated costs associated with planning, implementation, and ongoing execution of the project. The budget should be reasonable for the proposed project and should be based on sound estimates of anticipated costs. Cost reimbursement will be based on actual costs to implement the project, consistent with the budget below and as supported by proof of expenditures. Reimbursement will not exceed the total amount of grant award.

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<th>Itemized Equipment and Materials expenditures</th>
<th>Amount</th>
<th>Unit Cost</th>
<th>Total Cost</th>
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<th>Itemized Services</th>
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Transportation Note: Applicants are required to use the discounted school rate for any necessary busing.

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<th>Destination</th>
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Total Project Cost: ____________

Please attach any invoices, estimates, etc.
VIII. Additional Questions:

a. Will there be additional funding from other sources? Please describe.

b. Are there any other resources or supplies currently in the school system that could be used for this project?

c. Are resources needed to continue the work of the project after Foundation funding ends? If yes, please describe how these resources will be obtained.

d. Will you be able to complete the project if only partial funding is available?  
   _____ Yes  _____ No

e. If only partial funding is available, would you be able to redesign the project? Please explain.

f. Do you foresee any potential challenges/obstacles and if so, what is your strategy for dealing with them should they occur?
By signing this application, I acknowledge that if awarded a Grant, I will:

• Implement the proposed project as described herein

• Seek approval from the BWEF for any significant changes to the focus of the project, including budget changes that are more than 25% of any given item/service procured.

• Notify BWEF if I plan to leave the Bristol Warren School District or transfer to a different school within the district before the project is completed.

• Complete and return the Project Evaluation Form by the end of the school year for which the Grant was approved.

• Accept and acknowledge that all materials purchased are the property of the BWRSD

• Work with BWEF to showcase the project and BWEF’s grant in the community, providing student testimonials and photographs of the project and its participants (with required student release forms) for use by BWEF.

Applicant Signature: ____________________________ Date: ______________
(insert electronic signature or print name and date)

PRINCIPAL RECOMMENDATION:

This program meets district goals and school objectives, and the facilities and infrastructure are in place to support it.

(Principals may sign electronically or forward from their email to indicate approval.)

Principal Signature: ____________________________ Date: ______________
(insert Principal’s electronic signature or have principal email his/her approval to grants@bwedfoundation.org)

For questions or more information, please email grants@bwedfoundation.org

NOTE: Reminder, all applications to be submitted electronically (see instructions on first page) DO NOT MAIL applications.