

GRANT APPLICATION- PILOT YEAR

Please complete this form and submit no later than Friday, November 1, 2024.

We are delighted to announce that we will be piloting the Floral Park-Bellerose Education Fund, to benefit program enhancement for all Floral Park Bellerose Union Free School District students. No idea is too big, but remember, this year we are limited in providing funds as we grow our foundation.

Please refer to the selection rubric for additional information and guidelines.

APPLICANT INFORMATION

Foundation members are dedicated to a non-bias selection process. Applicant information will be concealed until all submissions are reviewed.

Name:	
School:	
Grade/Speciality:	
Email:	
Phone (for questions / notifications):	
Co-Applicant Details (if applicable):	
Co-Applicant Details (if applicable):	

PROJECT BRIEF

The project brief should provide an identifying overview.

We understand that time constraints may limit your opportunity to provide some specifics. Therefore, in this pilot year, applicants are asked to give their best estimate of figures.

Project Title:	
Brief Synopsis:	
Estimated timing:	
Grade Level(s) / Focus Subject(s):	
Estimated Number of Students Impacted:	
Estimated Cost:	
Does your project affect any school district facilities, grounds, or technology?(Administrator authorization will be required for application submission) Buildings & Grounds (any impact to district facilities, indoors or outdoors) Technology (anything using a computer, technology infrastructure or related electronic equipment) Software/Digital Applications (any project that involves digital programs or electronic data)	

PROJECT DETAILS

1. Describe the educational goals and objectives of the project.
2. Whom will the project serve?

3. Describe the learning outcomes you expect students to achieve. How will you evaluate project outcomes and effectiveness?
4. Describe how/if this project will be integrated or supplement the current
curriculum. How is this project different from programs already in place?

7. How do you plan to provide feedback on your project, both during and upon completion?
8. Tell us what excites you about this project.

about your project. • Yes • Not Applicable

PROJECT BUDGET

Please do your best to provide a breakdown of your requested budget either as a narrative and/or include a spreadsheet.		
If the foundation is unable to provide all of the funding requested, are you interested in a grant that would provide partial funding? • Yes • No (You will not be penalized for answering "NO," nor advantaged by answering "YES")		
If YES, outline how you could alter the Project to implement with partial funding or complement it with funding from other sources.		
Please let us know if you've attached any additional, pertinent information you'd like to share		

Primary Applicant Signature

Name (Print)	Date
Signature	_
uthorization Signatures our Building Principal will alert you of any necessary signatures)	
Building Principal(s) (Required for all applications)	Date
Mrs. Lisa Ruiz, Interim Superintendent of Schools (A minimum of one out of three superintendent signatures is required)	Date
Dr. Linda Macias, Assistant Superintendent for Business (A minimum of one out of three superintendent signatures is required)	Date
Dr. Peter Rufa, Assistant Superintendent of Curriculum & Instruction (A minimum of one out of three superintendent signatures is required)	Date
Mr. Robert Costa, District Facilities Director (any impact inside or outside requires a signature)	Date
Ms. Taylor Patwell ,Director of Curriculum & Instructional Technology (any digital program involving user data OR anything using a computer, technology infrastructure or related electronic equipment requires a signature)	Date°
Additional Signature(s) Printed Name & Title:	Date