



P. O. BOX 123, Larchmont, NY 10538 (914) 698-9079 email - mamaroneckschoolsfoundation@mamkschools.org
www.mamaroneckschoolsfoundation.org

GRANT APPLICATION

Application deadline – Wednesday, December 1, 2010

**Please download, fill out and email to
<http://www.mamaroneckschoolsfoundation.org>**

Please make sure your building administrator is aware of your grant application.

Grant Title _____

Name of Applicant (MUST be a district employee) _____

Position _____

Phone _____ Email _____

Name(s) and Position(s) of Additional Applicant(s)(required):
At least one co-applicant must be a district employee.

Name _____ Position _____

Phone _____ Email _____

Name _____ Position _____

Phone _____ Email _____

School(s)/organization(s) involved in the project _____

Primary Address _____

Total amount of funds requested: _____

Have you applied to and/or received funds from any other source such as the District, PTA, or outside organizations for the project? If so, please specify: _____

Has the project ever been offered or undertaken in the School District before? _____

If so, when and by whom? _____

Number of students and teachers who will be served by this grant: _____

Program time frame (dates): _____

1. Project description.
2. Needs analysis: Why is the project important for the School District, students or teachers?
3. Objectives (intended benefits to students and/or District) and Deliverables (specific steps involved in implementing project or program). In the event that the grant requires staff training or professional development, please list the names of all proposed participants.
4. What is applicant's experience and ability to implement the project?
5. If a continuing program, how would the program be funded in future years: self-perpetuating or other sources of future funding? (Please do not assume the District will provide future funding.)
6. Evaluation procedures: How will the effectiveness of this project be measured?
7. Detailed project budget, specifically delineating proposed use of MSF funds with line items, including detailed price quotations from two vendors and shipping costs. (USE ONLY EXCEL SPREADSHEET ON NEXT PAGE). No further attachments are necessary unless specifically requested by the grants committee.

For technology-related requests:

- Consult with the District Director of Instructional Technology to make sure you have requested all necessary items and that existing technology is compatible with the equipment you are requesting. Include necessary peripherals (i.e. power cords, surge protectors, carts, converters, mounting equipment)
- Get approved vendor prices from the District Purchasing Agent.
- Include staff development in your budget (if applicable).

Any changes/additions/revisions after submitting your original grant application will be accepted at the discretion of the Grants Committee.

You will receive an email **within 72 hours confirming receipt of your submission.
Please call 698-9079 if you have not heard from us.**

**Mamaroneck Schools Foundation Inc.
Grant Application Proposed Budget**

For office use only

Grant #11-

2				0
3				0
4				0
5				0
6				0
7				0
8				0

(please exclude taxes)

Shipping and Handling 0

Total Proposed Amount 0

Consultant Services

	Name of Consultant(s)	Amt of Time (hours or days)	Rate (hourly/daily)	Total
1		0	0	0
2		0	0	0
	Travel or Related Expenses			0
	Total Proposed amount of Consultant Services			<u>0</u>

Professional Development

	Descripton of Training (name of instructor or course if known)	# of Classes	Cost/Class	# of Participants*	Total
1		0	0	0	0
2					0

*if there is one cost regardless of # participants, type in "1"

Total Cost of Professional Development 0

Total Proposed Budget Low Quotes	0
Total Proposed Budget High Quotes	0