



Hopewell Valley Education Foundation

EDUCATIONAL GRANT APPLICATION

Fillable Form

Grant Submission Deadline: See HVEF website

Applicant(s) Name: *First and last names of all applicants*

Position/Title(s):

School(s) at which the applicant(s) work:

Lead Applicant Email:

Work Phone:

Mobile Phone:

Supervisor Name & Title:

The applicant must complete the Grant Application Form and submit the full grant proposal, including all required supporting documentation, by the stated grant deadline to grants@hvef.org. Before submission, the form must be reviewed and signed by the applicant, the appropriate administrator (building principal or departmental supervisor), and—if the proposal involves the purchase or installation of technology—the Supervisor of Educational Technology. Please note that HVEF cannot review any responses until the form has been officially submitted. For questions regarding the application process, contact grants@hvef.org.

PROJECT INFORMATION

Project/Program Title:

Grant Amount Requested: \$

Brief Project Summary (2-3 sentences)

HVRSD School(s) Where Project Will Be Implemented *(Check all that apply)*

☐ Bear Tavern

☐ Hopewell

☐ Stony Brook

☐ Toll Gate

☐ Timberlane

☐ HVCHS

Detailed Project Description

Describe the proposed project activities and anticipated impact on the school(s), students and/or faculty/staff.

ALIGNMENT WITH HVEF MISSION & PRIORITIES

How will the proposed program or initiative support HVEF and HVRSD priorities, including but not limited to inquiry-based learning, STEAM education, social-emotional learning, environmental sustainability, and mental health and wellbeing, etc.?

IMPACT

Describe the size and specifics of the population(s) that will benefit from the grant, either through its initial implementation or through a smaller-scale pilot demonstration that could be spread more widely in the future.

How does the project address an identified need in the served population(s) through documentation and research?

How will engaging, innovative, creative and/or new pathways to learning be advanced through the proposed project?

Project Duration:

SUPPORT & COLLABORATION

Describe the level of support and buy-in of teachers throughout the school and/or district, as appropriate – please be specific in listing names of teachers and staff who actively support the project's implementation.

If this project will be integrated into the curriculum, which teachers are aware and supportive?

PROJECT ASSESSMENT

Explain how the project impact will be monitored and assessed.

What changes do you hope to see in teaching, learning, or other factors over the course of the project?

Anticipated number of students who benefit from the project:

How will you know if the project is effective in meeting its objectives?

Anticipated shifts in student/classroom/school outcomes:

Describe project data collection procedures and data analysis and reporting.

If you wish to include additional information for this section, please enter it below.

SUSTAINABILITY

If the funded project is successful, please describe prospective plans for the effort to be sustained, if appropriate.

If a pilot program is being proposed, how might it continue and spread beyond the HVEF funding period?

What champions within the district and/or external sources of support exist for this program to be sustained?

If you wish to include additional information for this section, please enter it below.

PROJECT TIMELINE

Please provide a detailed timeline that specifies key activities to be carried out through the proposed project. Include, as appropriate, project start and end dates, dates of assessment efforts.

If the project is part of a broader effort, describe how the efforts are related and how those respective timelines are connected.

If you wish to include additional information for this section, please enter it below.

BUDGET INFORMATION

Detailed Budget Breakdown

Please attach a comprehensive, itemized, detailed budget for this project. Provide manufacturer or supplier quotes, if applicable. If your HVEF proposal represents one part of total fundraising efforts for this initiative, please describe other existing or potential funding sources and amounts.

Is this project feasible - entirely or in part - if you were to receive partial funding? If yes, describe how:

Have you sought funding from other sources (PTO, grants, etc.)?

Please include any additional details regarding your HVEF budget request that may be helpful to share below.

Additional Supporting Documentation

Please attach supporting documents related to any section of the application in your application submission to grants@hvef.org

AGREEMENT & SIGNATURE

Please sign and date this proposal below. Your signature indicates your agreement to (a) submit a final report to HVEF and HVRSD, and (b) if your project is funded, acknowledge HVEF support in all related public materials and communications

Lead Applicant:

Name:

Signature:

Date:

Please obtain your principal's or area supervisor's signature (program director's signature for non-school-based proposals) to indicate support for and assurance of required resources. If this proposal involves the purchase or installation of technology, please obtain the signature of the Supervisor of Educational Technology. Electronic signatures are accepted.

Supervisor

Name:

Email:

Signature:

Date:

Supervisor of Educational Technology (if applicable)

Name:

Email:

Signature:

Date: