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| HVEF Grant Application |  |

## Contact Information

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| **Name of Applicant (s)** | Click here to enter text. | | |
| **Project Title** | Click here to enter text. | | |
| **E-Mail Address** | Click here to enter text. | | |
| **Work Phone** | Click here to enter Phone# | | |
| **Mobile Phone** | Click here to enter Phone#. | | |
| **Supervisor Name & Title** | Click here to enter text. | | |
| **Supervisor Name & Title** | Click here to enter text. | | |
| **HVSRD School** | Central High | Bear Tavern Elem | Hopewell Elem |
| All | Timberlane Middle | Stony Brook Elem | Toll Gate |

## Project Narrative

**Describe the project activities. Explain how project activities enhance HVRSD educational programs, why the project is needed, how the project will be implemented, and expected duration of program benefits. Provide relevant background including educational research supporting the proposed activities.**

Click here to enter text. (There is no limit to number of words used).

## Project Impact

**Provide details regarding the target audience and how many faculty, staff, students and/or other members of the HVRSD community will benefit from this project.**

Click here to enter text. (There is no limit to the number of words used)

## Project Assessment

**Identify how the project will be assessed. Include specifics regarding data collection procedures and data analysis/reporting. Where applicable, provide references to relevant research regarding the appropriateness of the assessment methods used.**

Click here to enter text. (There is no limit to the number of words used)

## Proposed Budget

**Please provide an itemized, detailed, budget for this project. Provide manufacturer or supplier quotes if applicable.**

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| --- | --- | --- | --- |
| **Item Requested** | **No. Of Units** | **Cost Per Unit** | **Total Cost** |
| Click here to enter text. | # | Cost $ | Total$ |
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## Other Budget Comments

**Provide any other details regarding your budget request.**

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| Click here to enter text. |

## Project Timeline

**Provide a detailed timeline for project activities. Include, as appropriate, project start and stop dates, dates of assessment activities, and dates reports will be filed to HVEF and relevant supervisors.**

Click here to enter text.

## Agreement and Signature

**Please sign and date this request below. Your signature indicates your agreement to (a) submit a final report to the HVEF & HVRSD and (b) acknowledge HVEF support in all related public materials and communications if funds are approved for this proposal. Electronic signatures are accepted.**

|  |  |
| --- | --- |
| Applicant’s Name | Click here to enter text. |
| Signature |  |
| Date | Click here to enter a date. |

## Supervisor Signature

**Please obtain your principal’s or area supervisor’s signature (or Program Director’s for non-school based proposals) indicating support 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.**

|  |  |
| --- | --- |
| Administrator Name | Click here to enter text. |
| Signature |  |
| Date | Click here to enter a date. |
| Tech Supervisor | Click here to enter text. |
| Signature |  |
| Date | Click here to enter a date. |

## Submit this proposal to [grants@hvef.org](mailto:grants@hvef.org) by the deadline