

GRANT APPLICATION



Shenetta Turner-Smith, President
Danielle Oswald, Vice President
Vera Silva, Treasurer
Cynthia Colalillo, Secretary

www.srfee.org

Date of Application: _____

Name of Applicant(s): _____ Position(s): _____

Name of School/Organization: _____

Contact Telephone: _____ Contact Email: _____

Please Check One:

____ Mini Grant - For Grants not exceed \$500

____ Partnership Grant - For grants up to \$2,500. *Must have at least one other funding source. Must be submitted once proof of funding from another source has been received.*

____ Maroon and Gray Grant - For grants larger than the Mini Grant

Amount Requested: _____ No. of students who will benefit from the grant? _____

Beginning Date: _____ End Date: _____

I. Description: _____

Please attach a summary explaining the proposed project.

- A. Your Goal
- B. How you plan to implement this project
- C. How this project will enhance the curriculum
- D. Any other information about your project

II. Budget

Please attach a complete breakdown of expenditures. **Upon applying for the grant award the staff member must meet with their respective Building Administrator to review school district's purchasing procedures. Ref. Staff Booklet, Section 1 #10 - Purchasing.**

III. Signatures

- A. Applicant(s): _____
- B. Principal: _____
- C. Superintendent: _____

ALL funds awarded must utilized by the June 30th of the following school year.

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