

SCHEDULE	Joseph Kliminski Teacher Grant Applications are due May 1 for grants to be implemented during the following school year. Extraordinary Grant Applications are considered on a rolling basis throughout the school year. To apply for either grant, download and complete this form. E-mail it to: info@bloomfielddeducationalfoundation.org . Applicants will be notified by e-mail within thirty days whether their projects will be funded.
APPLICANTS	Teachers, Administrators, Home & School Associations, Outside group partnerships.
CRITERIA	Evaluated on quality of content, number of students served and fulfillment of district goals. You may be invited to appear before the BEF Board to explain your application. NOTE: Those submitting grant applications for technology-related items must first gain approval from the District's Technology Committee. See your Principal for details. If approval is granted, please attach the approval form to this application or it will not be considered. Additionally, all Professional Development requests must be reviewed and approved by the Professional Development Director before submission. Please attach the approval form to your grant application.
FUNDING	Joseph Kliminski Teacher Grants are up to \$500. Extraordinary Grants are those that exceed that limit and are awarded on an individual basis.
EVALUATION	If an award is made, you will be required to submit a commitment letter to state your intent and start date. At the end, you will be required to submit an evaluation.
LIMITATIONS	Grants will be awarded for teacher stipends and education themed prizes. No bus trips, snacks or classroom supplies.
QUESTIONS	Direct questions to Ann Dassing, BEF Executive Director, (973) 403-0032 or info@bloomfielddeducationalfoundation.org .

APPLICANT INFORMATION

SCHOOL _____

LAST NAME _____ FIRST NAME _____

STREET ADDRESS _____

SCHOOL E-MAIL _____

PERSONAL E-MAIL (OPTIONAL) _____

TELEPHONE (SCHOOL) _____ PERSONAL _____

TITLE _____

ADDITIONAL APPLICANT _____

ADDITIONAL APPLICANT _____

ADDITIONAL APPLICANT _____

PROJECT INFORMATION

TITLE OF PROJECT _____

SUBJECT OR CLASS _____ START DATE _____ COMPLETION DATE _____

NUMBER OF STUDENTS _____ GRADE(S) _____

PROPOSED TOTAL BUDGET: _____

SUMMARIZE PROJECT IN 1-3 SENTENCES.

BEF Office Use Only. _____ Approved _____ Board approval date _____ Declined

PROJECT DETAILS

HOW WILL STUDENTS BENEFIT?

WHO WILL BENEFIT OUTSIDE YOUR CLASS?

HOW WILL YOU MEASURE YOUR GOALS AND IMPACT OF PROJECT?

DESCRIBE PROJECT'S RELATIONSHIP TO GOALS AND PRIORITIES OF BLOOMFIELD PUBLIC SCHOOLS

