



The Nassau BOCES Educational Foundation Grant Application

I. Applicant Information

A. Applicant Name _____

i. Title _____

ii. Phone Number _____

iii. E-mail Address _____

B. School or Program _____

C. Location _____

D. Student Population _____

E. Program Principal _____

i. Phone Number _____

ii. E-mail Address _____

II. Project Information

A. Project Title _____

B. Brief Description of Project Proposal _____

C. Project Objectives

i. _____

ii. _____

iii. _____

D. Expected Outcomes _____

E. Number of Pupils Served _____

a. Grade Level _____

b. Functioning level (if appropriate)

F. Could project continue the following year without further funding?

III. Project Budget (All grant applications must provide a complete budget estimate. Applications that do not contain budget information will be rejected.)

1. Personnel (Consultants) _____

2. Equipment (List Items and Estimate Cost) _____

3. Supplies (List Items and Estimate Cost) _____

4. Other _____

If needed, please provide additional information about the project and the budget on page three of the application form.

IV. Project Approval Signature Requirements

After completing the Grant Application form, please sign the application and, forward it to your building Principal or Supervisor to sign and forward it to the Executive Director. The Executive Director will sign and send it to the District Superintendent. (Unsigned applications will be rejected.)

o Applicant _____

o Building Level Principal or Supervisor _____

o Executive Director _____

o BOCES District Superintendent _____

Please send completed application by April 29, 2010 to:

**Melissa Snider
Nassau BOCES Educational Foundation
P.O. Box 338
Centerport, New York 11721-0338**

Additional Information: