



GRANT APPLICATION

Applications must be received by The Ed. Foundation by Tuesday, March 12, 2024.

Please answer all questions and be as specific as possible in your responses.

You can find additional information about the application process [HERE](#).

PRIMARY APPLICANT

Name:

Project Title:

School (where you work, if District staff):

Organization (community group you represent, if not District staff):

Telephone (best contact number for questions and notifications):

Email:

CO-APPLICANT(S) (if applicable)

Name	School	Grade/Subject	Email

PROJECT OVERVIEW

School(s) served by this Project (check all that apply):

- | | | |
|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Port Washington Pre-K | <input type="checkbox"/> Weber | <input type="checkbox"/> Schreiber |
| <input type="checkbox"/> Daly | <input type="checkbox"/> Blue House | |
| <input type="checkbox"/> Guggenheim | <input type="checkbox"/> Green House | |
| <input type="checkbox"/> Manorhaven | <input type="checkbox"/> Red House | |
| <input type="checkbox"/> Sousa | <input type="checkbox"/> Yellow House | |
| <input type="checkbox"/> South Salem | | |

One-sentence Project Synopsis:

Grade Level(s)/Subject(s) of Project:

Number of students that will participate or be impacted by Project:

Estimated Project Timing & Final Completion Date:

Total Project Cost:

Have you applied for this project before? Yes No

If YES, was it funded? Yes No (Please attach a copy of your prior, completed grant evaluation)

Does your Project involve any change to, or impact on, any school district facility, grounds or technology?
(Administrator authorization will be required for application submission)

- Buildings & Grounds (any impact to district facilities, indoors or outdoors)
- Technology (anything using a computer, technology infrastructure or related electronic equipment)
- Software/Digital Applications (any project that involves digital programs or electronic data)

PROJECT DETAILS

1. What is the overall objective of the Project?

2. Whom will the Project serve?

PROJECT DETAILS (CONT'D.)

3. How will the Project enhance existing curriculum and benefit the student learning experience in an innovative way?

4. Describe the learning outcomes you expect students to achieve. How will you evaluate Project outcomes and effectiveness?

PROJECT DETAILS (CONT'D.)

5. Is your Project already in existence in the Port Washington school district? If so, please indicate where and for how long it has been in effect.

6. How do you envision this Project evolving (e.g., changing, growing or scaling) over the next 3-5 years?

PRIMARY APPLICANT SIGNATURE

Name (Print):

Date:

Signature:

AUTHORIZATION SIGNATURES

Please secure all appropriate, authorizing signatures before submitting this application.

School Principal(s):
(required for all applications)

Date:

Buildings and Grounds: Brian Graham
(any impact inside or outside requires a signature)

Date:

Technology: Ryan Meloni
(anything using a computer, technology infrastructure or related electronic equipment requires a signature)

Date:

Software/Digital Application: Christine Wise
(any digital program involving user data requires a signature)

Date:

The Ed. Foundation: Suzanne Hershkowitz
(required for applications from parent groups, students and community members)

Date:

**Questions? Please contact grants@theedfoundation.org.
You will receive receipt confirmation of your completed application via email.**