



*“Our Goal Is Excellence In Education”*  
*2019-2020*  
**Grant Request Application**

Name of Applicant(s): \_\_\_\_\_ School: \_\_\_\_\_  
Subject Taught: \_\_\_\_\_ Grade(s): \_\_\_\_\_  
Grant \$'s Requested: \$ \_\_\_\_\_  
Name/Brief Description of Project: \_\_\_\_\_  
\*Primary Applicant \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Email: \_\_\_\_\_  
(\*Primary applicant will be the contact /point person throughout this grant process)

**DUE DATE: December 1, 2019**

On a separate page, please type and attach responses to the following:

1. Description of Project: Explain the value of the project to your students.
2. Time Frame: How long the project will have an impact on your students.
3. Breadth of Project: How many students will be impacted by the project.
4. Project Outcome: How you will assess the impact of the project. What are the goals, objectives and hoped for outcome of the project.
5. Project Budget: What is needed for the project (include types, quantities and full costs of materials/resources needed and potential sources of materials/resources).
6. Alternate Funding: What other funds may be available to you for the project.

**SIGNATURES:**

Applicant(s) \_\_\_\_\_ Date: \_\_\_\_\_  
Principal \_\_\_\_\_ Date: \_\_\_\_\_  
Superintendent \_\_\_\_\_ Date: \_\_\_\_\_

Please complete an application utilizing the above layout in typewritten form and mail to:

**East Longmeadow Educational Endowment Fund, Inc.**  
**P.O. Box 1011, East Longmeadow, MA 01028**