



## GRANT APPLICATION

1. Complete all sections. (Print and fill in by hand, or download file and fill in electronically.)  
*All applications must include at least two supplier bids.*
2. Submit the completed application to your principal for review by the following Grant Submission dates:
  - a. June 1
  - b. October 1
  - c. February 1
3. Grant Applications will be submitted by the school principal to the district superintendent for review and discussion.
4. The superintendent will review all submitted and approved grant requests to the WCLEF with priority of importance no later than June 10, October 10, and February 10.
5. Should you have any questions about our grant criteria, or need assistance in filling out the application, please contact WCLEF at [info@wclef.com](mailto:info@wclef.com)

### Project Summary

Title of Project \_\_\_\_\_

Amount Requested \_\_\_\_\_ Date Submitted \_\_\_\_\_

Summary of Items Requested \_\_\_\_\_  
\_\_\_\_\_

Duration of Project, including the projected start and completion dates: \_\_\_\_\_

School(s) \_\_\_\_\_

Grade(s)/approximate # of students who will benefit \_\_\_\_\_

Potential suppliers(s) \_\_\_\_\_

Applicant(s) \_\_\_\_\_

How would this grant help enrich the learning environment/enhance the curriculum? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments (Attach additional sheet if necessary.)



## Grant Proposal Details

*Please fill out all sections—attach a separate sheet if necessary*

**1. Objective**

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**2. Proposal Specifics (Please provide details on items to be purchased, possible vendors, quantity needed, where the items will be stored, when and how they will be used, etc.)**

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**3. Timetable for Implementation/Integration into curriculum/instructional time \_\_\_\_\_**

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4. Budget (Application will not be considered without an anticipated budget AND cost estimates from at least TWO DIFFERENT sources)
- (a) Please submit your anticipated budget for this project. Attach a separate sheet if necessary.

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- (b) If budget is greater than amount requested, please explain other sources of funding.

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- (c) Have you explored alternative sources of funding for the amount requested? If yes, explain.

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5. Evaluation - How Will You Measure Success? \_\_\_\_\_

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6. Other School Resources Needed (e.g. facilities, equipment, etc.) \_\_\_\_\_

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7. If applicable, please distinguish your proposal from any existing items/projects in the district.

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## Award Requirements/Follow-up Agreement

*(Please initial to indicate that you will abide by the following requirements)*

1. Whenever possible, WCLEF funding will be clearly and prominently indicated on project materials (e.g., "This program has been sponsored by a grant from the Woodcliff Lake Educational Foundation.") This may take the form of a plaque, label, inscription, announcement, etc., depending on the nature of the project. I will provide WCLEF a file copy of the credit.

Initials: \_\_\_\_\_

2. All live events will include an announcement that “This program has been sponsored by a grant from the Woodcliff Lake Educational Foundation.”

Initials: \_\_\_\_\_

3. The WCLEF Board will be notified when grant activities occur so members may attend if possible.

Initials: \_\_\_\_\_

4. Once the grant project has been implemented, WCLEF may send a follow-up form requesting details of grant activities, assessment of success, potential to expand/duplicate the success. I will complete and return the form to the Grant Committee ([info@wclef.com](mailto:info@wclef.com)) within sixty (60) days of my receipt of the form.

Initials: \_\_\_\_\_

If there are multiple applicants, please indicate a single contact person:

Contact Person’s Signature

\_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_