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| Bethel Park Education Foundation Grant Application |

**Please answer all questions even if you have previously had a grant funded. Applicants may be requested to provide additional information.**

**Contact Information**

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| Applicant | Click or tap here to enter text. |
| Date of submission | Click or tap to enter a date. |
| Contact person’s name | Click or tap here to enter text. |
| Contact person’s phone number | Click or tap here to enter text. |
| Affiliation with Bethel Park School District | Click or tap here to enter text. |
| Applicant mailing address: Click or tap here to enter text. | |
| E-Mail Address of contact person | Click or tap here to enter text. |

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| Grant Title | Click or tap here to enter text. |
| School(s) involved | Click or tap here to enter text. |
| Identify the objective(s) for this project: | Click or tap here to enter text. |
| Brief Description of Grant (include attachment as needed) | Click or tap here to enter text. |

**Grant Information**

Please select **one** of the following grant categories: Innovation / S.T.E.A.M., Teacher, School, or Student, and describe all attributes within that grant category that apply to your grant request.

**INNOVATION (S.T.E.A.M.) GRANT** (*Awarded to Students, Teachers or Schools*)

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| * The project must apply as many aspects of the S.T.E.A.M. principles: (1) the scientific method or divergent thinking, (2) technology-related tools or resources, (3) design thinking, (4) creative expression of ideas, and (5) problem-solving. |
| * The project engages students in collaborative interactions. |
| * The project develops interdependence skills and teamwork. |
| * The project builds resiliency and persistence. |
| * The project is replicable in other schools or with other teachers. |
| * There is a system to evaluate the objectives of the proposal. |
| **Explain how the grant applies to all attributes listed above:**  Click or tap here to enter text. |

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| * The project encourages, uplifts, benefits and/or challenges students. |
| * The project provides a unique educational opportunity. |
| * The project aligns with (or appropriately supplements) existing programs or curriculum. |
| * There is a system to evaluate the objectives of the proposal. |
| * The project is replicable by other teachers. |
| **Explain how the grant applies to all attributes listed above:**  Click or tap here to enter text. |

**TEACHER GRANT** (*Awarded to Teachers)*

**SCHOOL GRANT** (*Awarded to a school*)

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| * The project is based on reliable research and effective practices. |
| * The project promotes or improves student achievement. |
| * The project involves parents / caregivers or the community in the proposal. |
| * There is a system to evaluate the objectives of the proposal. |
| * This project is replicable in other schools. |
| **Explain how the grant applies to all attributes listed above:**  Click or tap here to enter text. |

**INDIVIDUAL STUDENT GRANT** (*Awarded to a student*)

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| * The project proposes a unique educational, physical, or artistic endeavor that is not already available in the school or accessible to the student. |  |
| * The project encourages or nurtures individual excellence. |  |
| * There is a plan to evaluate the successful achievement of the project’s objectives. |  |
| * Plan for sharing the experience with other students, schools, or the community |  |
| **Explain how the grant applies to all attributes listed above:**  Click or tap here to enter text. |  |

**Budget Information**

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| Amount you are requesting | Click or tap here to enter text. |
| Have you or the school raised any money or allocated any money toward this project? If so, how much? | Click or tap here to enter text. |
| Detail the budget (costs and purposes) to be covered by the grant, and the amount being supported through other partnership(s) (if applicable) | Click or tap here to enter text. |
| Detail anticipated future funding sources (if applicable) – include other grant requests and results. | Click or tap here to enter text. |
| What is the timeline for project implementation? Include project initiation and completion dates? | Click or tap here to enter text. |

**Agreement and Signature**

If approved:

* The project must be completed within 12 months of the grant approval date. The Foundation reserves the right, at the discretion of the Foundation Executive Committee, to have the funds returned if the project exceeds 12 months. Exceptions must be approved in advance by the Foundation Executive Committee.
* Grant monies will be disbursed at the sole discretion of the Foundation. The Foundation may disperse grant funds directly to project vendors or suppliers.
* An evaluation report is required at the completion of your project.
* The grantee agrees to provide documentation (receipts) and pictures (if applicable) of the project to demonstrate that all funds received were used as originally indicated at the time the grant request was approved.
* Grant recipients give the Foundation the right to use this proposal and the results of the project for public information purposes and/or educational assistance, or to any who might benefit.

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| Name of grant applicant or primary contact: Click or tap here to enter text. |
| Signature of grant applicant or primary contact: |
| Date signed: Click or tap to enter a date. |

**Please email the completed application to** [**bpefoundation@gmail.com**](mailto:bpefoundation@gmail.com)

**For internal use only**:

**Request Disposition**

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| Date received |  | | | |
| Date reviewed by Executive Committee |  | | | |
| Put to vote | Yes | | No | |
| If put to vote: |  | | | |
| * Date of vote |  | | | |
| * Action | Approved | Denied | | Tabled |
| If Approved: |  | | | |
| * Amount Approved |  | | | |
| * Check made payable to |  | | | |
| * Check Number |  | | | |
| * Date check mailed |  | | | |
| * Qualify for state tax credits | Yes | | No | |
| Comments |  | | | |

**Revision History**

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| Version 1 | September 2017 |
| Version 2 | August 2018 |
| Version 3 | August, 2023 |