



# East Windsor Education Foundation Grant Application

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Complete the application and mail one original and four copies to  
**East Windsor Education Foundation, 70 South Main Street, East Windsor, CT 06088.**  
*Thank you for your creativity and interest.*

**Applicant's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Contact Information:**

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Project Information:** Attach additional sheets as necessary

**Project Name:** \_\_\_\_\_

**Objective(s):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Overview:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plan of Action:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Timeline:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who will benefit and how:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Cost Estimates:**

<i>Description of items</i>	<i>Estimated cost</i>

Total amount of funds requested: \_\_\_\_\_

The foundation may also require additional information from the applicant including an interview with the applicant.

By signing below, the applicant hereby (a) agrees to complete a post project evaluation for the foundation, (b) and grants to the Foundation the right to use this application and the results of this project for public information, (c) understands that grant awards are subject to the rules and conditions of the Foundation, and (d) accepts that the decision on the acceptance of the project is in the sole and absolute discretion of the Foundation.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If funds are requested to purchase technology, the application needs to be signed by the Director of Technology to ensure that the technology will be compatible with the district's current technology and sustainable by the district's staff.

**Director of Technology's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For office use only:	
Date received: _____	Application number: _____
Date of meeting with Applicant: _____	Application was denied or approved.