The mission of the East Aurora Educational Foundation is to enhance the educational experience of students in the East Aurora Union Free School District. The foundation is dedicated to working with teachers to bring unique educational experiences to the classroom through grant funding.

Directions:

- Type and complete all sections.
- Attach supporting documentation related to costs.
- Review your proposal with your building principal.
- If building principal approves, principal signs Statement of Support (below).
- Building principal sends to District Liaison (Matt Brown).
- District Liaison reviews any grants that include technology with the Director of Technology.
- If other support is needed, Liaison discusses with other administrator, as appropriate.
- Liaison sends grant proposal application to EAEF Board members electronically.
- Liaison contacts applicant who wrote application about next steps, including attending a Foundation meeting to discuss their proposal.

1. 2. 3. 4. 5.	Name of Applicant: Position and Title: School Building: Title of Project: Brief description/summary of the purpose of this project					
3. 4.	School Building: Title of Project:					
4.	Title of Project:					
	·					
5. 	Brief description/summary of the purpose of this project					
		Brief description/summary of the purpose of this project:				
6.	Date submitted to principal:					
7.	Total dollar amount requested:					
8.	Will you accept partial funding for this project?					
9.	If partial funding is awarded, what is the minimum amou objectives?	nt needed for the project to meet the stated				
10.	. If partial funding requires that the objectives or activities	be modified, please attach an explanation.				
	ant's Statement of Understanding: I fully understand tha					
for con	n to the Board of the East Aurora Educational Foundation inducting the project as detailed. I further understand that oject through a mutually determined presentation, visitati	t within one year, I will demonstrate the results o				
Signatu	re	Date				
	Address	Date Telephone Number				
e-Mail #		Telephone Number ication and fully support the implementation of				
e-Mail A Princip this pro	Address oal's Statement of Support: I have carefully read this appli	Telephone Number ication and fully support the implementation of				
e-Mail A Princip this pro	Address pal's Statement of Support: I have carefully read this appli oject. To the best of my knowledge, the materials are not	Telephone Number ication and fully support the implementation of available in the school at this time.				
e-Mail A Princip this pro Principa District	Address pal's Statement of Support: I have carefully read this appli oject. To the best of my knowledge, the materials are not al Signature	Telephone Number ication and fully support the implementation of available in the school at this time. Date				

Attach Additional Pages if Necessary

I.	OBJECTIVES				
	What will this project accomplish and who will benefit?				
	In what ways is it innovative and/or enriching and in keeping with our mission of "enhancing the educational experience of students in the East Aurora School District"?				
	How does this project meet state standards?				
	What research supports the implementation of this project?				
	How will this project be shared with colleagues in your school and throughout the district?				

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II.	METHOD				
	How do you intend to meet your objectives? Be specific about activities. Detail materials and resources needed.				
	What is the time schedule for your activities? Describe, or show a project time line.				
III.	EVALUATION How will you judge the success of your project? Please describe in detail.				
	How will you report your success to the foundation board at the end of your project?				

IV. ABSTRACT

Write three sentences that could be used to publicize your project.

Please attach supporting documentation related to cost - I.E. vendor quotes, vendor website, etc.

V.	BUDGET	Mate	rials	
	Quantity		<u>Supplier</u>	Cost
	<u>quantity</u>	<u>reem</u>	<u>συμφιίει</u>	<u> </u>
			Subtotal:	
		Equipment	Purchase	
	O o. mtit			Coot
	Quantity	<u>ltem</u>	<u>Supplier</u>	Cost
				
			Subtotal:	
		O.I.		
		Oth 		
	<u>Quantity</u>	<u>ltem</u>	<u>Supplier</u>	Cost
			Subtotal:	
			Shipping:	
			Total Amount Requested:	

VI. Please attach supporting documentation, related to budget items and costs.