**Teacher & Staff Grant Application**

**Deadline:** Submit your completed grant application to bsespto@bermudian.org or the PTO mailbox by November 1 or February 1 for review. Final decisions on grant awards will be made at the November & February PTO Meetings.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Name(s) | | |  | | | | |
| Application Contact Person | | | | |  | | |
| Phone Number | |  | | | | Email |  |
| Proposal Title |  | | | | | | |
| Amount Requested | | | |  | | | |

**Project Description** (Limit half page)

Describe the proposed project, timeline of activities, and who will carry out the activities.

**Statement of Need** (Limit half page)

Describe the need or problem the project will address and the participants whom the project benefits. Research & statistics may be cited to support your claims in this section, but they are not required.

**Educational Relevance** (Limit half page)

How does the project relate to the school’s curriculum? How will the project enrich the educational experience or well-being of students?

**Project Duration & Impact**

|  |  |
| --- | --- |
| Estimate the number of years students will benefit from this project. |  |

Estimate the number of students in each grade who will benefit from this project each year:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| K |  | 1st |  | 2nd |  | 3rd |  | 4th |  |

**Goals & Evaluation**

List the goals & objectives you hope to achieve through the project. Describe your plans to measure success.

**Visibility** (Limit one paragraph)

How do you plan to share the outcome of the project with the PTO and BSES community? *Examples: photos, testimonials, board presentation, social media, school newsletter, open house, etc.*

**Budget**

Provide an itemized budget detailing how the grant funds will be spent (add rows if necessary). Include any applicable shipping costs & exclude sales tax, as needed. *If project costs exceed the PTO grant request, include a brief summary explaining how additional funding will be secured to cover the balance.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item Name** | **Image** | **Item #** | **Price** | **Quantity** | **Total** |
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| **TOTAL PROJECT COST** | | | | |  |
| **PTO GRANT REQUEST** | | | | |  |

**Budget Timeline** (Limit one paragraph)

When will the funds be spent and when will students begin to benefit from the project?

**Sustainability** (Limit one paragraph)

If the project is to be sustained beyond the grant period, explain your plans to secure future funding if needed.

**Supporting Materials** (Optional)

Include any supporting materials that may help inform the committee’s decision. Examples of supporting materials include photos of items that would be purchased, articles or research supporting the educational value of the project, etc.

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| **For PTO Grant Committee Use:** | | | | |
| Application # |  | Date Received |  |

**For PTO Grant Committee Use**

|  |  |  |  |
| --- | --- | --- | --- |
| Application # |  | Date Received |  |

Additional information/clarification requested:

Response:

Teacher, Student, &/or Administration Response to Proposal:

|  |  |  |  |
| --- | --- | --- | --- |
| **Adherence to Grant Criteria** | **High** | **Medium** | **Low** |
| **Need:** Is the need or problem urgent? Will the proposed project address the need presented? |  |  |  |
| **Educational Relevance:** To what degree is the project related to the curriculum? How will the project enrich the educational experience or well-being of students? |  |  |  |
| **Duration & Impact:** How many students will be impacted by the grant and over how many years? Is this a project with a limited scope or will all students in a grade or the entire school benefit? Is it a one-time project or will it be used for years to come? |  |  |  |
| **Budget:** Is the project an appropriate use of PTO money or is it a project that would normally be provided by the school district? |  |  |  |
| **Sustainability:** Is the project sustainable beyond the initial grant period? Can it continue without additional funding? |  |  |  |
| **Visibility:** Can the project be seen or shared with the BSES community (whose support of PTO fundraising efforts have made the grant possible)? How will the success of the project be shared? |  |  |  |
| **Creativity:** How creative or innovative is the proposed project? |  |  |  |

**Committee Notes:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Proposal Approval:** | | No |  | Yes |  | | Amount Approved |  |
| Signature |  | | | | | Date |  | |