
Funding Request Application (not for Mini-Grants)

Submission Date: _____

Name of person requesting funds: _____

Title/Role: _____

Contact information: _____

Project name:

Project description:

Cost estimate (include details if possible):

Who will benefit from this project, and how will they benefit:

Date funds need to be available

Please return this form to:

Brookfield Education Foundation
P.O. Box 5047
Brookfield, CT 06804

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Policies that will be put in place concurrent with implementation:

Procedures that will be put in place with implementation:

Key measurables that will be provided to BEF 3 months, 6 months, one year, annually post implementation:

Grant recipient:

Name (Print)	Title	Signature	Date
Organization/School	_____	_____	_____
Address	_____	_____	_____
Email address	_____	_____	_____
Phone number	_____	_____	_____