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|---------------------|-------|
| BEF Use Only | |
| Proposal # | _____ |
| Funded \$ | _____ |
| Comments | _____ |
| | _____ |

Community Mini-Grant

Application

Use only space provided. Answer all questions. No attachments accepted.

Project Title _____

Name of Applicant or Group _____

Address _____

Contact Person _____ Phone _____

E-Mail _____ Fax _____

Total Amount Requested: _____

Project Description

1. Project Overview: *Briefly describe your project. What are the goals?*

2. Community Impact: *How will your project enhance learning within the Brookfield community?*

3. Evaluation: *How will you know you have reached your desired objectives? What measurements will you use?*

4. Project Duration: *What is your project's timeline?*

5. Future Implications: *How can your project lead to future community educational opportunities?*

6. Project Budget: *If awarded, how do you propose to utilize these funds?*

| <u>Item</u> | <u>Cost</u> |
|-------------|------------------------|
| | \$ _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| | Total: \$ _____ |

Applicant's Signature _____ Date _____

Mail to: Community Mini-Grants Program
Brookfield Education Foundation
P.O. Box 5047
Brookfield, CT 06804

www.brookfielddeductionfoundation.org