



## **Grant Application**

Thank you for your interest in a grant from the BEF! Please download this document to your hard drive and fill out the form electronically. Once complete, save as a word document and email to: [grant@brookfielddeductionfoundation.org](mailto:grant@brookfielddeductionfoundation.org). Attach supporting documents if necessary. You may alternatively print the application, fill out manually, and mail to the address at the bottom of this form.

Our monthly meetings are held on the first Tuesday of the month. All grants submitted by the last Friday of the month will be reviewed at our next monthly meeting.

### **Grant Evaluation Criteria**

A successful grant application will meet all the following criteria.

Your grant should **enhance the education** of any group within the Brookfield community. This is not restricted to the schools! As believers of life-long learning, the BEF will consider grant applications that seek support for programs that provide any of various types of education to any members of the Brookfield community.

Your grant should be **innovative**. Come to the BEF to request support for your ideas from the very beginning. If the same idea has already been implemented in Brookfield, then it is not generally something the BEF will fund. If your grant application is similar to something that has already been done before, then please explain within this application how your idea differs and will provide a truly innovative learning experience.

Your grant requires someone to **champion** the initiative. The grant champion is the person who will see through the work involved to secure the materials approved and implement the associated program covered within the grant. Typically, the grant champion is the author of the grant application. The champion should be someone who is invested in the success of the proposed program.

Your grant needs to have a **program** component. BEF grants are not intended to provide support solely for equipment or supplies. Budget for equipment or supplies may be included in your funding request, but should be the means to implementation of an innovative, educational program, as explained in the criteria above.



## Grant Preparation Checklist

Fill in the following brief worksheet to help you prepare to complete the grant application in greater detail on the following pages.

My grant idea will enhance education for *(insert who)* \_\_\_\_\_  
by providing *(what will be learned?)* \_\_\_\_\_.

My grant idea is innovative because...

It has not been done before in the community that I intend to serve.

It has been done before in the community that I intend to serve, but I have new ideas to implement.

The champion for this grant will be *(name)* \_\_\_\_\_.

There is a program of learning associated with the funding requested (this is not merely a request for equipment/supplies).

**We want to see your grant application succeed! So if you have any questions as you work through this application, please contact us for help by email at [brookfieldeducationfoundation@gmail.com](mailto:brookfieldeducationfoundation@gmail.com). Any of our Board members would be happy to help you.**



|  |              |  |
|--|--------------|--|
| <b>Project Title</b>                             |              |  |
| <b>Name of Applicant, Group or School</b>        |              |  |
| <b>Address</b>                                   |              |  |
| <b>Grant Champion</b> ( <i>primary contact</i> ) | <b>Name</b>  |  |
|  | <b>Phone</b> |  |
|  | <b>Email</b> |  |
|  | <b>Fax</b>   |  |
| <b>Total Amount Requested</b>                    | \$           |  |
| <b>Date Funds Need to be Available</b>           |              |  |

**Project Description**

*Be sure you address the four criteria explained on the first page of this application packet in your answers to the following questions.*

**1. Project Overview:** *Briefly describe your project. What are your goals? Please explain how your idea enhances education in an innovative manner to meet the grant evaluation criteria.*



2. **Community Impact:** *How will your project enhance learning within the Brookfield community? What group(s) within the Brookfield community will have access to your program?*

3. **Evaluation:** *How will you know you have reached your 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. **What prompted the idea for this proposal:**



**Project Budget:** *If awarded, how do you propose to utilize the funds? Please explain your funding needs in words, as well as complete the table to itemize all budget items for which funding is requested.*

*Insert additional rows if needed*

|   | ITEM | COST       |
|---|------|------------|
| 1 |      |            |
| 2 |      |            |
| 3 |      |            |
| 4 |      |            |
| 5 |      |            |
| 6 |      |            |
|   |      | TOTAL COST |

Applicant's signature if not sent electronically: \_\_\_\_\_

Date: \_\_\_\_\_

Principal/administrator signature if applicable: \_\_\_\_\_

Date: \_\_\_\_\_

For emailed grant applications: in lieu of a signature, please forward this grant request to school official(s). Administrators should indicate they support the grant in the body of the email and email directly to: [brookfielddeductionfoundation@gmail.com](mailto:brookfielddeductionfoundation@gmail.com).