# Bethlehem Central Community Foundation Classroom Innovation Grant Application

***\*\*Please note: you must save a local copy of this form to your computer in order for answers to be saved.   
Your answers will not be saved if you do not save a local copy to your computer.\*\****

**1. Applicant Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Applicants (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2. Project Information**

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates/Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Grant Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Proposal Narrative**

Describe your project in a clear and concise manner, highlighting its compelling, creative and/or unique aspects. This abstract may be used in future BCCF publications.

Describe the specific educational goals for the project and how your project relates to the mission of BCCF, Board of Education goals and/or your school (building) priorities.

Describe the innovative instructional methods, techniques or technologies you plan to use to improve student learning. If applicable, note any related research.

What population in the school(s) will benefit from the project. Include approximate number of students who will be served.

How you will measure the impact of your project and how you will know if goals were met? Indicate your timeline for implementation and measurement.

If there is additional information that the grants committee should have in order to evaluate your initiative, please include it here.

**4. Project Budget (attach separately)**

Budget should include:

* Specific projected expenses (examples include supplies, book titles, equipment, software applications, speakers, travel, training, etc.).
* Other sources of income supporting the project (if applicable), noting whether those sources are committed, pending or secured.

**Please note any items purchased with a BCCF grant become property of the Bethlehem Central School District.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Principal/Subject Supervisor’s Acknowledgement (*Please ask your school’s principal or subject supervisor to complete this section. It may be mailed/emailed separately. This acknowledgement is required for application to be considered.*)**

Would this project enhance the learning environment of your school/subject area? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

How important are these enhancements for your school/subject area? \_\_\_\_\_\_High \_\_\_\_\_\_ Med. \_\_\_\_\_\_ Low

How feasible will it be to implement this project/initiative? \_\_\_\_\_\_High \_\_\_\_\_\_ Med. \_\_\_\_\_\_ Low

**Additional comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal/Subject Supervisor’s Signature Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Please email or mail the completed grant application, project budget and Principal/Subject Supervisor’s Acknowledgement by Friday, April 30, to:

**Shelly Connolly, Community Foundation for the Greater Capital Region,** [**sconnolly@cfgcr.org**](mailto:sconnolly@cfgcr.org)

These forms may also be mailed to:

**Shelly Connolly**

**Community Foundation for the Greater Capital Region**

**Two Tower Place**

**Albany, NY 12203**