



Mini-Grant Application

PROMOTING A COMMUNITY OF LIFELONG LEARNERS

P.O. BOX 521 • UNCASVILLE, CT • 06382

INTRODUCTION

The Montville Education Foundation, Inc. (MEF) is a non-profit organization established for the purpose of promoting excellence in education within the Montville community through financial support for educational opportunities and programs for residents of all ages.

INSTRUCTIONS

Mini-Grants fund projects up to \$500.00.

Please fill out the application completely. Submit the original with signatures to the MEF prior to one of the dates listed below.

If more space is needed, please attach additional sheets.

Grants will be made two times annually by the Montville Education Foundation, Inc. Applications must be postmarked no later than April 30th to be considered for the fall program and October 30th to be considered for the spring program. Awards will be made in June and January of each year. Any application received after the deadline will be considered ineligible and returned to the applicant without review by the Grant Committee.

The MEF Grant Committee will notify all grant applicants in writing of their decision.

ELIGIBILITY

A number of entities are considered eligible for participation in the MEF grant program. The MEF encourages collaboration between schools within the district and among individuals and organizations to broaden the level of program development for the residents within the town of Montville. The following are eligible to apply for the grant program:

- Teachers, administrators or other professionals supporting programs in the Montville School district
- Teachers, administrators, or other professionals teaching within the town of Montville (include St. Bernard's High School, St. Thomas More Academy, and licensed childcare centers)
- Municipal departments providing educational programs to residents of the town of Montville
- Non-profits that want to provide a program to town residents
- Individuals or parents who wish to provide a program through the town



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CONTACT INFORMATION

PROJECT TITLE: _____

APPLICANT NAME(S): _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

AMOUNT REQUESTED: _____

NUMBER OF PROSPECTIVE STUDENTS: _____

By signing below, the Project Director hereby (a) agrees to complete a post-project evaluation for the MEF, (b) grants the MEF the right to publish the grant proposal and results of the project, and (c) understands grant awards are subject to the rules and conditions of the MEF.

PROJECT DIRECTOR'S SIGNATURE

DATE

PRINCIPAL'S SIGNATURE (IF APPLICABLE)

DATE

For internal use only

Date Received: _____

Application Number: _____



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OVERVIEW: Provide a brief description of your project.

PROJECT GOALS: List the project goals and objectives.

TIMELINE: Provide a detailed schedule for implementation of your project including time it will take for you to prepare and the schedule for offering and completing the program.

MOTIVATION: Provide background information that led you to develop this project.

OBJECTIVES: Provide a description of the educational value of this project.

EVALUATION: Explain how you will measure the successful completion of your stated objectives.



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CONTINUITY: Describe how this project can be sustained after grant funding ends or why it is worthwhile as a standalone activity or event.

PROJECT BUDGET: Provide a detailed listing of all expenses you expect to incur in connection with the project. Maximum \$500.00.

Item	Supplier	Unit Cost	Total Cost

OTHER SOURCES OF FUNDING:

Are other funds available to support this project? Yes No

Amount: \$ _____

Please describe what efforts have been made to obtain other funds and, if other funds will be used, describe how the funds will be accounted for and offset by this award.