

# Grant Application Form

## B-CC High School Educational Foundation, Inc.

*[Applicants for professional development grants: please use the Professional Development Grant Form instead of this form]*

### **Due Dates:**

#### **Due Date April 15:**

Requests for funding for a summer program  
Requests for funding for the fall semester  
Requests for funding for a full academic year program  
Proposals will be reviewed by May 15  
Applicants will generally be notified by June 1

#### **Due Date October 15:**

Requests for funding for the spring semester  
Proposals will be reviewed by November 15  
Applicants will generally be notified by December 1

You may fill out the form by typing in your responses, then saving the form. You may also print out the form and fill it in. Use "N/A" if an item is not applicable.

### **Return completed application and proposal:**

By email to the Grant Review Committee: [JTGwadz@alumnae.smith.edu](mailto:JTGwadz@alumnae.smith.edu)

or

By first class mail to:

B-CC High School Educational Foundation, Inc.

Attn: Grant Review Committee

P.O. Box 31209

Bethesda, MD 20824-1209

Applications may also be placed in the Foundation's mail box at B-CC High School.

A copy of the completed application should also be provided to:

Principal, B- CC High School

4301 East-West Highway

Bethesda, MD 20814

School Year: \_\_\_\_\_

Term: \_\_\_\_\_

## **IDENTIFICATION**

Applicant Organization: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Name of key staff/individuals involved: \_\_\_\_\_

### **Contact Person:**

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

Address: \_\_\_\_\_

Phone (w): \_\_\_\_\_

Phone (h): \_\_\_\_\_

Fax: \_\_\_\_\_

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

## **DESCRIPTION**

Program Area (Indicate Primary Area of Focus)

Academic Excellence

Faculty Support

Small School Experience

Connecting with Community

Special Project

Brief Description of Request and Expected Impacts:

Timeline for activity/date of event:

Special Group(s) targeted by project (grade, racial, ethnic, gender, academic subject interest, career interest, neighborhood, etc.)

Number involved/affected

\_\_\_\_\_ students \_\_\_\_\_ teachers \_\_\_\_\_ staff \_\_\_\_\_ others

## **FUNDING/BUDGET**

Amount of funding requested from B-CC HS Educational Foundation:

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Type of funding requested (check one)

seed grant (funding to initiate a program or activity; applicant has no other funding)

matching grant (funds to augment other funding sources that have already been secured or will be secured in the near future)

ongoing funding (funds requested will support an ongoing activity that currently has or has had other sources of support, either monetary or in-kind)

Is the applicant currently receiving any other sources of support (either monetary or in-kind) for the program/activity?

Yes

No

If yes, list other sources of support.

Have you sought other sources of support for this request, either from MCPS or other sources?

Yes

No

If yes, explain (e.g., other requests are pending, other requests have been denied, school or community fundraisers have been held). Please attach operating budget.

If you have received funding from the Foundation for a similar or related program in the past, describe below or in a separate statement the results and outcomes of that program. If applicable, please note any changes you propose to improve the results of the program.

Additional Information (you may also attach a separate statement)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Statement of Resource Teacher: I approve the submission of this application and state that the proposal set forth is consistent with the goals of the \_\_\_\_\_ Department and will promote the goals of the Department.

Signature of Resource Teacher \_\_\_\_\_ Date: \_\_\_\_\_

Copy received by Principal:

Signature of Principal \_\_\_\_\_ Date: \_\_\_\_\_