



ASHBURNHAM & WESTMINSTER  
FOUNDATION for ACADEMIC EXCELLENCE  
**11 Oakmont Drive**  
**Ashburnham, Massachusetts 01430**

## **Grant Proposal**

**All applications must be typed.**

Name:	School:
Position:	Department/Grade Level:
Program (If Applicable):	
Phone:	Email:

### **AWFAE Grant Committee Goal**

To support creative and innovative curricular development that is beyond the scope of the typical school budget. Creative ideas can be ones that reflect alternative approaches to typical instruction.

#### **Project Title:**

**Introduction/Overview: This gives the reviewer a good picture or description of the proposed project. What makes your proposed project excellent?**

(100 words or less)

**In-depth Description of Project:** What curriculum/instructional areas will this project encompass?

**How does your project achieve the foundation's definition of academic excellence in the following areas?**

**1. Raises the bar:**

**2. Stimulates curiosity and learning:**

**3. Improves identified outcomes:**

**How will student success be measured as a result of the project?**

**Will this project be integrated into your curriculum for future years? If so, how?**

**How many students will be impacted by this project?**

**Have you shared your grant idea with the principal of your school?**

Yes        No       

**If asked, will you showcase the project in our community and/or at the foundation's annual dinner event ?**

Yes        No       

**By signing this application and if awarded a Grant, I/we will:**

- Implement the proposed project as described herein
- Seek approval from the AWFAE for any significant changes to the focus of the project
- Notify AWFAE if I plan to leave the Ashburnham Westminster Regional School District before the project is completed

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest and effort.

## **Proposed Budget**

### **Project Cost Worksheet**

1. Supplies/Materials/Equipment (all purchased items remain property of AWRSD)	\$ _____
2. Purchased Services (consultants, speakers, etc.)	\$ _____
3. Shipping Costs and taxes (please note if estimate)	\$ _____
4. Total Cost of Project:	\$ _____
5. Are you receiving additional funds to complete this project? If so, please list source and amount. Source: _____	
6. Total Amount requested: (line 4 minus line 5)	\$ _____

**Company or vendor you will use (Name and Address):**

Please provide a detailed budget using the table provided below:

Item or Service	Quantity	Unit Cost	Total

**Send completed application along with any additional information to support your proposal to:**

David Uminski at [daviduminski@comcast.net](mailto:daviduminski@comcast.net) or duminski@awrsd.org

## Grant Application Scoring

Note: This is the scoring the Grant Committee will use. Scores are a guide. Committee agreement is the most important decision factor. The resulting scores will provide the committee with a basis for discussion and evaluation. Scores must be 42 points or above to be considered by the AWFAE Board.

Points	0	6-8	8-10	Score	Notes/Comments
<b>Specific curriculum area(s)</b>	Not addressed	Addressed with questions or concerns	Proficiently or exceptionally addressed		
<b>Raises the bar of academic excellence</b>	Not addressed	Addressed with questions or concerns	Proficiently or exceptionally addressed		
<b>Stimulates and increases curiosity</b>	Not addressed	Addressed with questions or concerns	Proficiently or exceptionally addressed		
<b>Improves Outcomes</b>	Not addressed	Addressed with questions or concerns	Proficiently or exceptionally addressed		
<b>Measurement of Project Success</b>	Not addressed	Addressed with questions or concerns	Proficiently or exceptionally addressed		
<b>Duration of Program</b>	1 Year or less	2-4 Years	5+ Years		
<b>Who Benefits</b>	Individual Student	Grade/Class	More than half the school		