



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