



FOUNDATION FOR
BELMONT EDUCATION

FBE INNOVATIVE TEACHING INITIATIVES GRANT APPLICATION

(Printable Version - Please Use Online Form if Possible)

1. **Project Title** (10 words or less):
2. **FBE Program Committee liaison name** (see Program Committee list at fbe-belmont.org/about/program-committee.)
3. **Amount Requested:** _____ **Start Date:** _____ **Completion Date:** _____
4. **Project will benefit the following schools:** (please list school and grades impacted by your project)
5. **Target Area** – (English Language Arts, English Language Learners, Fine & Performing Arts, Foreign Language, Guidance, Health/Wellness, Math, Science, Social Studies, Special Education, Technology)
6. **Project Director 1** – Please provide first name, last name, daytime telephone, email, school, position, grade level.
7. **Project Director 2** – Please provide first name, last name, daytime telephone, email, school, position, grade level.
8. **Other Key Participants** – list the first/last names and the school for each additional participant.
9. **Project Purpose:**
10. **Project Need:** What is the need for or the problem addressed by this project? What evidence is there to support this need? How is the proposed project related to current practice in the Belmont Public Schools or anticipated future directions?
11. **Goals/Objectives:** What is the overall intent of your project? What do you hope to accomplish? Who will benefit from the project? How will you know if the project is successful?
12. **Workplan/Project Timeline:** What activities will be undertaken as part of this project? When will they take place?
13. **Qualifications/Resources:** Who will be the key participants in the proposed project? What roles will they play? What are their specific qualifications for these roles? What other resources are available to support the project and ensure its success?
14. **Replication and Dissemination:** How will you share the results of your project with colleagues and the community? What prospects are there for replicating it in other classrooms and other schools in the Belmont Public Schools?
15. **Supporting Documents:** Please provide up to 3 supporting documents, plus one budget document via email to LEGP@fbe-belmont.org and indicate your project title in your e-mail subject line.
16. **If you have a website which contains additional information, enter the link here:** you may include up to three links with your online application.

17. Budget:

Does the vendor(s) for this project require a deposit in advance or payment on the day of the event?

Please include your **budget totals** in the fields below. If your project budget requires a more detailed explanation, please also upload a more detailed budget, with itemized costs, to the designated 'Supporting Documents' section above.

Category	Amount	Basis of Computation
Purchased Service 1 (consultants, speakers, etc.)	_____	_____
_____	_____	_____
Purchased Service 2 (consultants, speakers, etc.)	_____	_____
_____	_____	_____
Purchased Service 3 (consultants, speakers, etc.)	_____	_____
_____	_____	_____
Supplies/Materials	_____	_____
Books/Software/Subscriptions	_____	_____
Tuition/Workshop Fees	_____	_____
Equipment	_____	_____
Printing/Copying	_____	_____
Postage/Delivery	_____	_____
Other _____	_____	_____

Total Funds Requested: _____
(This amount should match the amount entered in #2 above.)

18. Other Support Available or Requested: Please list all additional cash and in-kind contributions to the project. Include the source, the amount and purpose of each contribution.

Please note that you cannot edit the online application once you have submitted it.