



P.O. BOX 1282 ■ UNION, NJ 07083
908.851.9869

INFORMATION FOR GRANT APPLICANTS:

1. Mini-grants usually have more of a chance of getting fully funded, as compared to macro-grants.
 2. Macro-grants that we fully fund are for programs that reach as many children as possible. An example of a macro-grant that was fully funded would be the World Drumming instruments which will reach all children at Jefferson School.
 3. Macro-grants that request less than the \$5000.00 maximum have a better chance of being funded than those asking for a full \$5000.00. If you can do your project for less than the \$5000.00, please take that into consideration when you apply.
 4. **NEW:** Funds are available for grants specifically for professional staff that work with children with exceptional needs. If you are interested in applying, please note that information on your application.
-



P.O. BOX 1282 ■ UNION, NJ 07083
908.851.9869

MACRO-GRANT APPLICATION FORM INSTRUCTIONS

Macro-Educational grants are available to the Professional staff of the Township of Union Public Schools which includes TEACHERS, PRINCIPALS and SUPERVISORS.

Please follow the directions stated below:

1. Complete ALL parts of the application. No application will be considered unless ALL of the questions are answered.
 2. Applications must be submitted as of February 28th.
(NO APPLICATIONS WILL BE ACCEPTED AFTER THAT DATE.)
 3. The awarding of grants will be on a competitive basis.
 4. Educational macro-grants for consideration must provide for **INNOVATIVE** learning experiences.
 5. You will **NEED TO BE CERTAIN THAT** your application is signed by Assistant Superintendent, Annie Moses. Please make sure that your signed and completed application is received by the Education Foundation by Feb. 28. We will notify you via email as soon as we receive your application.
 6. Grants **WILL NOT EXCEED** \$5,000.00.
 7. You may be required to attend an **INTERVIEW** with the **GRANTS COMMITTEE**.
 8. A **PROJECTED ITEMIZED BUDGET** (page 4) **MUST** be completed and included with the application.
 9. **ALL** grant materials will be purchased by the Foundation unless the **GRANTEE** is notified differently.
 10. Any revisions or modifications to the original grant proposal **MUST** be submitted and approved by the Executive Board of the Foundation.
 11. Budget revisions **MUST** be approved by the Foundation.
 12. Forward the completed application packet to: Township of Union Education Foundation, Inc., Box 1282, Union, NJ 07083.
 13. If you have any questions or need further assistance, call Susan Lipstein, President, at 908-851-9869.
-

MACRO-GRANT APPLICATION FORM

Date: _____

Applicant's Name: _____

School's Name & Address: _____

School Phone: _____ Home Phone: _____

E-Mail: School _____ E-Mail: Home _____

Subject Area and/or Grade Level (taught by this teacher):

 Check here if your grant will support children with exceptional needs.

Project Title: _____

Summary Description of the Proposed Project:

If your grant will support children with exceptional needs, please include that in your summary.

(Attach a separate sheet for additional information, if needed)

I. Behavioral Objectives (List specific behavioral objectives which are to be achieved upon the successful completion of this project.)

1. The students will be able to _____

2. The students will be able to _____

3. The students will be able to _____

II. Relevance to the New Jersey Core Curriculum Standards (**CITE** the standards and explain **SPECIFICALLY** the project's relevance to the standards.)

1. _____

2. _____

3. _____

4. _____

III. Instructional Objectives (List specific instructional activities that will be necessary to achieve the objectives of this project.)

1. _____

2. _____

3. _____

IV. List the specific assessment instruments that will be used to determine students' progress, skills and performance levels related to the objectives of the projects.

1. _____

2. _____

3. _____

V. 1. If you were to be awarded this grant, explain in **DETAIL** how this funding would **ENHANCE** your teaching. In other words, what **INSTRUCTIONAL TECHNIQUES** and **STRATEGIES** would you now be able to incorporate into your lesson planning, which you previously could not.

2. What would be the impact of these **INNOVATIVE EDUCATIONAL EXPERIENCES** on the students' mastery of the behavioral objectives stated in **QUESTION 1, PAGE 2**.

VI. Please answer the following **ONLY IF YOU ARE REQUESTING A GARDEN GRANT**:

1. Describe your **FINANCIAL PLAN** for maintenance (planting, weeding, etc.) of the garden for the years after the initial planting.

2. Describe your plan for maintaining (planting, weeding, watering, etc.) the garden on an ongoing basis during the school year and **IN THE SUMMER** after the initial year of planting. How will the PTA be involved, if at all?

Time Frame of Project: _____

Amount of Budget Request: _____

(Total from budget on page 4)

Applicant's Signature: _____

Assistant Superintendent's Signature: _____



P.O. BOX 1282 ■ UNION, NJ 07083
908.851.9869

MINI-GRANT APPLICATION FORM INSTRUCTIONS

Mini-Educational grants are available to the Professional staff of the Township of Union Public Schools which includes teachers, principals and supervisors.

Please follow the directions stated below:

1. Complete ALL parts of the application. No applications will be considered unless all of the questions are answered.
 2. Applications must be submitted as of February 28th.
(NO APPLICATIONS WILL BE ACCEPTED AFTER THAT DATE.)
 3. The awarding of grants will be on a competitive basis.
 4. Educational mini-grants for consideration must provide for **INNOVATIVE** classroom learning experiences.
 5. You will **NEED TO BE CERTAIN THAT** your application is signed by Assistant Superintendent, Annie Moses. Please make sure that your signed and completed application is received by the Education Foundation by Feb. 28. We will notify you via email as soon as we receive your application.
 6. Grants **WILL NOT EXCEED** \$750.00.
 7. You may be required to attend an **INTERVIEW** with the **GRANTS COMMITTEE**.
 8. A **PROJECTED ITEMIZED BUDGET** (page 4) **MUST** be completed and included with application.
 9. **ALL** grant materials will be purchased by the Foundation unless the **GRANTEE** is notified differently.
 10. Any revisions or modifications to the original grant proposal **MUST** be submitted and approved by the Executive Board of the Foundation.
 11. Budget revisions **MUST** be approved by the Foundation.
 12. Forward the completed application packet to: Township of Union Education Foundation, Inc., Box 1282, Union, NJ 07083.
 13. If you have any questions or need assistance, call Susan Lipstein, President, at 908-851-9869.
-



P.O. BOX 1282 ■ UNION, NJ 07083
908.851.9869

MINI-GRANT APPLICATION FORM

Date: _____

Applicant's Name: _____

School's Name & Address: _____

School Phone: _____ Home Phone: _____

E-Mail: School _____ E-Mail: Home _____

Subject Area and/or Grade Level (taught by this teacher):

Check here if your grant will support children with exceptional needs.

Project Title: _____

Summary Description of the Proposed Project:

If your grant will support children with exceptional needs, please include that in your summary.

(Attach a separate sheet for additional information, if needed)

I. Behavioral Objectives (List specific behavioral objectives which are to be achieved upon the successful completion of this project.)

1. The students will be able to _____

2. The students will be able to _____

3. The students will be able to _____

II. Relevance to the New Jersey Core Curriculum Standards (**CITE** the standards and explain **SPECIFICALLY** the project's relevance to the standards.)

1. _____

2. _____

3. _____

4. _____

III. Instructional Objectives (List specific instructional activities that will be necessary to achieve the objectives of this project.)

1. _____

2. _____

3. _____

IV. List the specific assessment instruments that will be used to determine students' progress, skills and performance levels related to the objectives of the projects.

1. _____

2. _____

3. _____

V. 1. If you were to be awarded this grant, explain in **DETAIL** how this funding would **ENHANCE** your teaching. In other words, what **INSTRUCTIONAL TECHNIQUES** and **STRATEGIES** would you now be able to incorporate into your lesson planning, which you previously could not.

2. What would be the impact of these **INNOVATIVE EDUCATIONAL EXPERIENCES** on the students' mastery of the behavioral objectives stated in **QUESTION 1, PAGE 2.**

VI. Please answer the following **ONLY IF YOU ARE REQUESTING A GARDEN GRANT:**

1. Describe your **FINANCIAL PLAN** for maintenance (planting, weeding, etc.) of the garden for the years after the initial planting.

2. Describe your plan for maintaining (planting, weeding, watering, etc.) the garden on an ongoing basis during the school year and **IN THE SUMMER** after the initial year of planting. How will the PTA be involved, if at all?

Time Frame of Project: _____

Amount of Budget Request: _____

(Total from budget on page 4)

Applicant's Signature: _____

Assistant Superintendent's Signature: _____

