



Use this form to get "seed" funding to ADAPT an idea

Deadline: March 5, 2010
The grant period is for the 2010-11 school year.

1. GENERAL INFORMATION (Please TYPE. All information must be completed for consideration).

Name _____ School _____
School Address _____ Zip Code _____
School Telephone _____ School Fax _____
Home Address _____ Zip Code _____
Home Telephone _____ E-mail _____
Are you interested in a degree program at NSU? _____
Are you interested in professional development at NSU? _____

2. PROJECT INFORMATION

A. Title of Project (as it appears in the catalog) _____ Year catalog was published _____
B. Disseminator's Name(s) _____ School _____
C. You are REQUIRED to make direct contact with the Disseminator(s) of the project you are interested in adapting BEFORE a grant can be approved. Priority is given to attendees of the workshop at the EXPO.
I made contact via: (check all that apply); Workshop/Expo Telephone Visit Letter/E-mail
 Other (specify) _____
If no contact was made, please state why: _____

3. IMPLEMENTATION INFORMATION

A. Who are the students who will be involved in your adaptation? Number? _____ Grade level? _____
Ethnic distribution? _____
B. When will you begin using this project? Date: (School year 2010-11): _____ For how long?: _____
C. What is the educational need for this project in your class? (Use one additional page if necessary.)

D. How will you implement the project with your students and your curriculum? What changes will be made from the original project ideas? Will you adapt the project to comply with current themes or events? (Use one additional page if necessary.)

F. Are you willing to help the Disseminator disseminate this idea? Yes No

4. BUDGET INFORMATION

A. Project Budget - In column format, provide specific information concerning material to be purchased with grant funds. Five columns should include the following information: 1) Item description 2) quantity of items needed, 3) the vendor or where you will purchase the items from, 4) cost per item and 5) total cost of items. The budget should not include items readily available through the District.

TOTAL REQUESTED \$

5. COMMUNITY AND SCHOOL RESOURCES

A. Which other persons, if any, will be involved in implementing this project? (i.e. teachers, specialists, Media specialists, para-professionals, parents, other volunteers)

B. What other resources does your school have to assist in adapting this project? (i.e. library materials, equipment, instructional materials, community agencies)

6. ADMINISTRATIVE SUPPORT (TO BE COMPLETED BY SCHOOL PRINCIPAL)

A. I support implementation of this project during the 2010-11 school year. Yes No

B. May the applicant be released to visit the Disseminator's school for consultation? Yes No

C. If the application is successful, would you be willing to assist the teacher in obtaining funds to continue this project for the coming school year? Yes No

D. Principal's Comments

Applicant's Signature

Principal's Signature

Date

Deadline is March 5, 2010. Send an original, typed application and four (4) copies of your application with one (1) self-addressed pony envelope to:

OR

The Broward Education Foundation, 600 SE 3rd Avenue, 1st Floor, Fort Lauderdale, FL 33301

This application may be photocopied to distribute to other educators.