



HEALTHY VALLEY PROJECT
MINI-GRANTS PROGRAM FOR EDUCATORS

2001-2002 APPLICATION FORM

INSTRUCTIONS Please **TYPE** your information. You may retype the application form or download it from the Electronic Valley web site at www.electronicvalley.org/minigrants.htm. Please use only the space provided.

1. Please describe the project as clearly and specifically as possible

2. What need does the project fulfill?

3. How will this project enhance and enrich student learning?

4. How will you involve parents in this project?

5. How will you involve community groups, organizations, businesses or individuals in this project?

6. What are your goals for this project, i.e., what will be the impact or result of this project? (Please be as specific as possible)

7. How will you judge the success of this project? (Please be as specific as possible)

8. Please detail your budget requests. Please be specific and clear, and do not exceed \$500.

Materials / Equipment / Services	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please list any other funds you have received for this project, or any other grant applications you have pending for this project.

9. Personal Information. Please complete **ALL** the information below.

Contact Person _____ Title/Position _____

Grade Level _____ Number of Students _____

School Name _____

School Address _____

School Phone _____ Home Phone _____

Home Address _____

Project Title _____

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF SCHOOL PRINCIPAL

Please mail this application to: Healthy Valley Project
Mini-Grants Program for Educators
P.O. Box 418
Ansonia, CT 06401

OR Fax this application to: (203) 732-8831

DEADLINE FOR SUBMISSION OF APPLICATIONS IS NOVEMBER 1, 2001