



# Grant Application

## Orchard Park Foundation for Academic Excellence

**Guidelines:**

The Orchard Park Foundation for Academic Excellence (OPFAE) gladly supports grant requests for projects like: Author Day visits, educational experiences and opportunities in the areas of the arts, sciences, math, technology, applied career skills, athletics and culture, and gives priority to funding projects not ordinarily funded through the District's annual budget. The OPFAE grant funding cycle runs from September 1 – June 30.

**Grant Request:**

**Project Name:** \_\_\_\_\_

**Total Funds Requested: \$** \_\_\_\_\_

**Project Contact:**

Primary Contact: \_\_\_\_\_

Job Title: \_\_\_\_\_

School/Department: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

**A. Brief Description of Project:**

A few sentences outlining the project.

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**D. Project Timeframe:**

Provide a timeline for your grant including any deadlines that must be met.

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**E. Project Budget:**

Please list all costs associated with your project. Indicate if costs are initial or recurring. This includes any/all of the following: equipment (list each item), supplies, renovation costs, fees, licenses, personnel and continuing maintenance costs. See example below and, if necessary, attach vendor quotes and/or a detailed worksheet outlining all expenses.

Budget Items	Amount Requested	Other Funding Sources <i>(PTO, Boosters, Donations, Etc.)</i>			Total Budget
		Amount	Source	Secured Y/N	
<i>Example: Speaker fees</i>	<i>\$750.00</i>	<i>\$100.00</i>	<i>PTO</i>	<i>Yes</i>	<i>\$850.00</i>
1.					
2.					
3.					
4.					
5.					
6.					
<b>TOTAL:</b>					

**F. Additional Funding Sources:**

Please list any additional sources of funding for your project either confirmed or requested.

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Is there funding in the current department/school building budget that might assist with this grant? If yes, indicate the amount and budget line.

Yes: \_\_\_\_\_

No: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**G. Signatures:**

This application must be signed by the applicant's supervisor and principal before submission to OPFAE. If your supervisor is the Principal, only one of those additional signatures is required.

Primary Contact: \_\_\_\_\_

Date: \_\_\_\_\_

Dept./Supervisor Head \_\_\_\_\_

Date: \_\_\_\_\_

Principal: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\* If your grant request is for technology or audio-visual equipment, please have Deby Eppolito (Director of Technology) review your proposal to ensure that you have included all the necessary components and the best pricing to make your project a success.**

Deby Eppolito : \_\_\_\_\_

Date: \_\_\_\_\_

**E-mail completed and signed grant request with all supporting documentation to:**  
[info@OPFAE.org](mailto:info@OPFAE.org)

**Or mail to:  
Orchard Park Foundation for Academic Excellence, Inc.  
P. O. Box 1163  
Orchard Park, NY 14127-8163**

The OPFAE Board of Directors meets monthly from September-June. Upon receipt, your application will be reviewed and assigned a board liaison. The OPFAE Board liaison will contact you with any requests for additional information and/or with the board's decision. In some instances, you may be asked to attend a meeting to present your request in person.

Thank you for your application.