



Grant Application

Orchard Park Foundation for Academic Excellence

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.

E-mail completed and signed grant request with all supporting documentation to:
info@OPFAE.org Or **mail to: Orchard Park Foundation for Academic Excellence, Inc.**
P. O. Box 1163 Orchard Park, NY 14127-8163

Project Name: _____

Primary Contact: _____

Job Title: _____

School/Department: _____

Primary Phone: _____

Primary E-mail: _____

Project Purpose(s):

Provide a detailed description of the project, i.e., why you are requesting the funds and how they will be utilized. **(additional pictures, drawings, quotes, information-please attach)**

Will this be integrated into current curriculum

List all groups, including students and staff, and approximate number of individuals that will be impacted.

Project Budget and Funding:

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.

Budget Items	Amount Requested	Other Funding Sources (PTO, Boosters, Donations, Etc.)			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>
TOTAL:					

Provide a timeline for your grant:

- Date(s) of Project _____
- Date need decision by OPFAE Board _____
- If funding is approved;
 - Date check needed: _____
 - Check made out to: _____

SIGNATURE PAGE ORCHARD PARK FOUNDATION GRANT

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: _____

OPFAE USE ONLY

- OPFAE Board Signature: _____
- School Board Approval(yes or no) _____ Date sent to Board _____
- School Board Approval date: _____

Check # _____ Check Amount _____ Date Issued _____
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