

Project Concept Form

Hopkins Education Foundation Grant Program

Please refer to the Grant Instructions prior to submitting this Project Concept

(version 2016-17)

Contact Information	
Name of Grant Applicant:	School or Building:
Department and/or Grade:	Name of supervising Principal or Department Head who has approved of this project concept:
Contact Information Email: Phone:	Estimated Project amount requested:

Project Concept
1. Project Title:
2. Briefly describe what items you propose to purchase with the grant money. We do not need an itemized list, just a summary."
3. Briefly describe how the Project meaningfully integrates or supplements the existing curriculum by engaging our students, enhancing core curriculum, and energizing our educators:
4. What are the goal(s) of the Project?
5. Describe the student population served by the Project including the number of students impacted:
6. How will the success of the Project be measured?