



P.O. Box 39
North Salem, NY 10560
e-mail: nsfoundationforlearning@gmail.com
www.northsalem schools.org/district/north_salem_foundation_for_learning
(914) 669-4645

**PROPOSAL APPLICATION GUIDELINES
NORTH SALEM FOUNDATION FOR LEARNING, INC.**

Proposals will be reviewed for consideration by
The North Salem Foundation for Learning Board of Directors

CRITERIA

1. Project is innovative, broad-based, and potential to have lasting and continuing impact in the North Salem School District.
2. Cost-effective. Maximal use of resources.
3. Project is outside the normal budgetary process.
4. Proposal Presentation

Upon receipt of the completed proposal, you will be contacted by a Board Member to set up a time for a presentation.

**Please mail completed application to:
North Salem Foundation for Learning, Inc.
P.O. Box 39
North Salem, New York 10560**

or

**Deliver to: Dr. George Bovino
North Salem Middle/High School
230 June Road
North Salem, NY 10560**

**NORTH SALEM FOUNDATION FOR LEARNING, INC.
PROPOSAL APPLICATION**

(Please type or print clearly)

Project Title: _____

Submitted by: _____
(Faculty Member or Student)

School: _____

Contact/e-mail: _____

Please check all categories that pertain to this proposal:

___ Academic Enrichment ___ Character Development ___ Community

_____ Cultural Arts ___ Enhancement to teaching/learning process

___ Equipment/Facilities ___ Technology _____ Research

Other _____

Target Group:

Student(s) _____ Student Age Group _____ Grade Level _____

Teacher(s) _____ Community _____

Signature of Applicant(s): _____

Date: _____

**Will this proposal include a presentation to the Foundation Board?*

___ Yes ___ No

NORTH SALEM FOUNDATION FOR LEARNING, INC.
PROPOSAL APPLICATION - Page Two

Project Title: _____

I. Purpose/Description:

II. Objective(s) of the Project:

III. Impact/Benefits:

IV. How will you evaluate the Project?

IV. Total Amount of Request: _____

(Maximum \$1,000 – projects exceeding \$1,000 will be considered)

NORTH SALEM FOUNDATION FOR LEARNING, INC.
PROPOSAL APPLICATION - Page Three

Project Title: _____

FINANCIAL COSTS

| | Item | Cost |
|------------|-------|-------|
| Personnel: | _____ | _____ |
| Equipment: | _____ | _____ |
| Travel: | _____ | _____ |
| Supplies: | _____ | _____ |
| Other: | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| Total: | _____ | _____ |

Funds required sustaining project: _____

From what other sources are you seeking funds, if any?

*Please attach any supplementary materials to this proposal that you feel are necessary to complement the overview.

FOR COMPLETION BY
THE NORTH SALEM FOUNDATION FOR LEARNING

APPROVED: _____
North Salem Foundation for Learning
Title - Board of Directors

GRANT APPROVED: \$ _____

DATE: _____

REQUEST DENIED: _____
North Salem Foundation for Learning
Title - Board of Directors

DATE: _____

Explanation: _____

BOARD OF DIRECTORS

RoseMaria DosSantos, President
William Pearson, Former President
Jorge Valentin, Vice-President
Julia Scallero, Treasurer
Dr. George Bovino, Ed.D.
Robert Daros
Rita Driscoll
Ellen Falk

