

# The East Hampton Education Foundation

*Serving Amagansett, East Hampton, Montauk,  
Sagaponack, Springs & Wainscott*

## Program Funding Application



East Hampton Education Foundation

### Packet Contents

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### Guidelines for the Program Grant Application

- ✓ Please print (legibly) or type your application (Pages 1 and 2);
- ✓ Include a signature from your building principal and/or area director;
- ✓ Three (3) copies of pages 1 and 2 should be directed to: [info@GEHEF.org](mailto:info@GEHEF.org) OR mailed to:  
**The East Hampton Education Foundation, Inc., P.O. Box 4175, East Hampton, NY 11937**

### Funding

- ✓ The Foundation may elect to fund projects in part or in full;
- ✓ Grants may not cover salaries or payments to individuals for their time;
- ✓ At the conclusion of the project, a final report must be submitted to the Foundation. **Future funding for you or your school or business is contingent upon completion of a final report.**

**The Greater East Hampton Education Foundation Program Grant  
Application – Cover Sheet**

**Page 1 of 2**

Applicant's name \_\_\_\_\_

Applicant's home e-mail address \_\_\_\_\_

School/business name \_\_\_\_\_

School/business address \_\_\_\_\_

School/business phone number \_\_\_\_\_

Principal of school or Owner of business involved \_\_\_\_\_

K-12 Director (if any) of school involved \_\_\_\_\_

Title of proposed project \_\_\_\_\_

Short description of proposed project \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Projected starting date \_\_\_\_\_

Projected ending date \_\_\_\_\_

Total Amount of Fund Request \_\_\_\_\_

**The East Hampton Education Foundation  
Program Funding Application – Project Proposal**

**Page 2 of 2 (Add extra pages, if necessary)**

- Describe your proposal. How does it provide *innovative* educational opportunities for students that are currently not possible in your school?

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- Who will be involved? How many students will this affect/impact?

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- What are your goals with this project?

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- Where will the project take place?

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- How will the grant monies be spent? (I understand that I need to save all receipts as proof of all expenditures)

Supplies & equipment: \_\_\_\_\_

Services: \_\_\_\_\_

Transportation: \_\_\_\_\_

Other: \_\_\_\_\_

Total: \_\_\_\_\_

Signatures:

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Building Principal  
or Business Owner \_\_\_\_\_ Date \_\_\_\_\_

K-12 Director \_\_\_\_\_ Date \_\_\_\_\_

**Please forward three (3) copies of Page 1 & Page 2 to:**

**East Hampton Education Foundation P.O. Box 4175  
East Hampton, NY 11937**

**The East Hampton Education Foundation  
Program Grant - Final Report**

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

Name of your program that received grant funding:

\_\_\_\_\_

How many students participated? \_\_\_\_\_

How many staff members participated? \_\_\_\_\_

How was the grant money distributed?

Supplies & equipment: \_\_\_\_\_  
Services: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
Other: \_\_\_\_\_  
Total: \_\_\_\_\_

Please provide your assessment of the program:

1. What were the highlights of the project?

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

2. What recommendations do you have for others who might like to implement this project?

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

Please provide:

1. Brief quotes from three students about their participation in the project
2. Several photographs and/or other documentation that illustrate the activity.

**Please send this final report to:**

**East Hampton Education Foundation P.O. Box 4175  
East Hampton, NY 11937 info@gehef.org**