

***North Salem Foundation for Learning Board of Directors***  
P.O. Box 39 North Salem, New York 10560

Mark Halstead, President  
Julio Vazquez, District Advisor

**Trustees**

Doris Freedman  
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Jennifer Yoel  
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Maryanne D'Amato  
Veronica Smith

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

**Review Criteria**

Proposals will be reviewed by a team of Foundation Directors with the following criteria in mind:

1. Project addresses a real need in the schools.
2. Project can be maintained with no or little additional funding.
3. Project represents a new concept and/or approach.
4. Project design -- projects tasks are well ordered and assigned.
5. Cost effectiveness - project makes maximal use of monetary resource.
6. Project is outside the normal budgetary process.

**Application can be mailed to:**  
**North Salem Foundation for Learning, Inc.**  
**P.O. Box 39**  
**North Salem, New York 10560**

**or**

**Email to:**  
**northsalemfl@gmail.com**

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

**(Please type or print clearly)**

Project Title: \_\_\_\_\_

Submitted by:  
(Name) \_\_\_\_\_

Address: \_\_\_\_\_

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

Affiliation with North Salem Central School District: (Please check all that apply)

<input type="checkbox"/> Teacher in the district	<input type="checkbox"/> District Administration
<input type="checkbox"/> Student in the district	<input type="checkbox"/> Building Administrator

Below are several areas of interest to the North Salem Foundation for Learning, Inc. Please check all categories that pertain to this proposal. Please add any others that pertain.

<input type="checkbox"/> Academic Enrichment	<input type="checkbox"/> Character Development	<input type="checkbox"/> Community Service
<input type="checkbox"/> Cultural Arts	<input type="checkbox"/> Enhancing the Teaching and/or Learning Process	
<input type="checkbox"/> Equipment/Facilities	<input type="checkbox"/> Technology	
<input type="checkbox"/> Other: (Please explain)		

\_\_\_\_\_

Target Group:  
Number of Students \_\_\_\_\_ Student Age Group \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Number of Teachers \_\_\_\_\_ Community wide: \_\_\_\_\_  
Characteristics of Group: \_\_\_\_\_

Total Amount of Request: \_\_\_\_\_

Total Project Duration (Months): \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant(s):  
Date: \_\_\_\_\_

Project Title: \_\_\_\_\_

The North Salem Foundation for Learning, Inc. will consider all applications. Applications will be reviewed by the Board of the Foundation. Grants will be awarded at the discretion of the Board.

Purpose/Description:

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Statement of Need:

Describe why this project is necessary and important at this time.

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Project Title: \_\_\_\_\_

Objectives:

What are the aims of the Project?

- Define the problem to be solved:

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- Describe the problem to be solved:

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Impact immediate and future benefits:

- Impact of solution on students, school and community:

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Evaluation:

- Self evaluate (reflect and measure)

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Set goals to Improve:

Project Title: \_\_\_\_\_

Budget:

	Item	Cost
Personnel:	_____	_____
Equipment:	_____	_____
Travel:	_____	_____
Supplies:	_____	_____
Others:	_____	_____
	_____	_____
Total:	_____	_____

Once completed, does this project have on-going activities and/or costs. Please explain.

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

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