



Hopkinton Public Schools Foundation

Enrichment, Opportunity, and Innovation for the Whole Child

Grant Application

Please attach additional materials as necessary.

APPLICANT INFORMATION

Name:	
Preferred Address:	
Preferred Telephone Number:	
Preferred Email Address:	
Job Title:	
School:	
Years with Hopkinton School District:	

PROJECT INFORMATION

Project Title:	
Schools Impacted by Project:	

Briefly describe your project:

Enhancing community support for public education in Hopkinton

204 Maple Street, Contoocook, NH 03229
www.hpsfnh.org contact@hpsfnh.org



Hopkinton Public Schools Foundation

Enrichment, Opportunity, and Innovation for the Whole Child

How will your project support enrichment, innovation, development of the whole child, and/or reduction of the opportunity gap in the Hopkinton School District?

How many students will be impacted by your project? How will they be impacted?

How many faculty and staff members will be impacted by your project? How will they be impacted?

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TIMELINE

Please provide a timeline of the proposed activities for your project.

SUSTAINABILITY

If this project will extend beyond the grant year, how will you sustain it financially after this grant year?

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EVALUATION

How will you know if your project is successful?

BUDGET

Please provide a proposed budget for your project, including expenses and any other sources of revenue.

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COMMUNITY INVOLVEMENT

Please provide the names of two-three other people from the Hopkinton/Contoocook/Hopkinton School District community who will be involved in your project, and describe how they will be involved.

SIGNATURES

APPLICANT'S SIGNATURE:

APPLICANT NAME/TITLE:

ADMINISTRATOR'S SIGNATURE:

ADMINISTRATOR'S NAME/TITLE:

END OF APPLICATION

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