**PLEASE NOTE: This is a working document only. All grant applications must be submitted online through the grant portal.**

**\* Questions with a “\*” are required.**

Please note character limits when creating your responses.

Taconic IPA Science Education Grant Program 2025/2026

*Community Foundations of the Hudson Valley*

# Grant Request Name\*

Provide a brief descriptive title for this grant request. (6 words or less)

*Character Limit: 100*

*Application*

The Community Foundations and Nuvance announces the Nuvance Taconic IPA Science Education Grants Program. The purpose of these grants will be to expand students’ learning opportunities in the sciences through the acquisition of classroom and laboratory science equipment. This equipment could include microscopes, temperature probes, light probes, computer-related equipment and software, and other laboratory tools. Brief descriptions of grants awarded in recent years are available in "Recent Awards" on the Foundations' website.

## Eligibility: All public, private, and parochial secondary teachers (Grades 7-12) in all New York State licensed and certified schools in Dutchess, Orange, and Ulster Counties.

**School Type\***

In what category is your school?

## Choices

Public Private/Independent Parochial

# School County\*

In what county is your school located?

**Choices** Dutchess County Orange County Ulster County

# Equipment\*

State the equipment you wish to purchase.

*Character Limit: 500*

# Is this equipment available in your school?\*

## Choices

Yes No

# Is this equipment available in your school district?

## Choices

Yes No

# Is this equipment available through the standard budgeting process?\*

## Choices

Yes No

# If no, why not? If yes, please explain why you are requesting funds for existing equipment.\*

*Character Limit: 1000*

# How many students are in your school?\*

*Character Limit: 10*

# Will this equipment be shared with any other teachers?\*

## Choices

Yes No

# # of Students\*

Indicate approximately how many students will use the equipment during the school year.

*Character Limit: 10*

# Subject Areas\*

Indicate the subject areas where the equipment will be used

*Character Limit: 2000*

# Learning Opportunities\*

Describe how learning opportunities for students would be enhanced through acquisition of the equipment. We are looking for student participation and/or equipment that will promote student thinking “out of the box.” Your explanation as to how this grant will be used will have a bearing on the selections process.

*Character Limit: 3000*

# Amount Requested\*

Grants will be awarded in amounts ranging from $250 - $1,000. Applications/requests in excess of the $1,000 limit will be considered for cooperative ventures across different fields/disciplines that affect a large number of students.

*Character Limit: 20*

# Grant Budget\*

Please provide a detailed budget including the items to be purchased and their estimated cost.

*Character Limit: 2000*

# Additional Materials

It is recommended that you attach information relating to the equipment to be purchased. This could be a page from a catalog or a web shot of a web page.

*File Size Limit: 10 MB*

# Previous Winner\*

Have you received a Healthquest Taconic IPA Science Education grant previously?

## Choices

Yes No

# Partial Funding\*

If proposal does not receive full funding, do you wish your proposal to be considered for partial funding?

## Choices

Yes No

# Primary Teacher Name\*

Indicate the name of the primary teacher contact for this grant request.

*Character Limit: 30*

# Primary Teacher Position\*

What is the grade and subject you teach?

*Character Limit: 50*

# Primary Teacher Email\*

Please provide the best email for contacting you with questions regarding this application.

*Character Limit: 50*

# Additional Teacher Name

Many of our grants are done collaboratively. If you are working with another teacher on this request, you may indicate their name here.

*Character Limit: 50*

# Additional Teacher Position

What is the position in the school of this teacher/administrator?

*Character Limit: 50*

# Additional Teacher Email

Please provide the best email for contacting this person.

*Character Limit: 50*

# Additional Teacher Name

Please provide the name of an additional person collaborating with this grant request, if applicable.

*Character Limit: 50*

# Additional Teacher Position

What is the position in the school of this teacher/administrator?

*Character Limit: 30*

# Additional Teacher Email

Please provide the best email for contacting this person.

*Character Limit: 50*

# Name of School\*

Indicate the name of the school where you are employed.

*Character Limit: 100*

# School District

If you are employed by a public school, please indicate the school district.

*Character Limit: 100*

# Principal or Head of School's Name\*

Indicate the name of the school's Principal or Head of School.

*Character Limit: 100*

# Principal or Head of School's Email\*

Please provide the best email for communicating with the school's Principal or Head of School.

*Character Limit: 100*

# Authorization (in lieu of signature)\*

Has the Principal or Head of School in your school reviewed and approved this grant request?

## Choices

Yes No