



## NJAEYC's Week of Equity Advancement in Early Childhood Education

Name: \_\_\_\_\_

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

Name of School/Center: \_\_\_\_\_

School/Center Mailing Address: \_\_\_\_\_

School/Center Phone #: \_\_\_\_\_

# of Children Expected to Participate in this  
Activity/Celebration/Event: \_\_\_\_\_

Age of Children who will participate in this  
Activity/Celebration/Event: \_\_\_\_\_

Date of event: \_\_\_\_\_ Place of event: \_\_\_\_\_

Amount of Grant requested for this event: \$ \_\_\_\_\_

On a separate page, please provide a detailed description of the proposed activity, including the goals and/or objectives, and the proposed budget.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

An Affiliate  
of **naeyc**