



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**