Field Trip New Jersey 2023-2024

Community Foundation of New Jersey - Grants

Question Group

Please note, this application is <u>only</u> for New Jersey public, charter, and nonprofit private pre-K-12 schools with more than 65 percent of students eligible for free or reduced-price lunches.

Please note that the Principal Verification form and Certificate of Insurance are no longer required.

Date of Application*

Character Limit: 10

Name of School*

Character Limit: 100

County of School*

Character Limit: 100

Main Phone Number for School*

Character Limit: 100

Street Address of School*

Character Limit: 100

City of School*

Character Limit: 100

Zip Code of School*

Character Limit: 100

Principal's Name*

Character Limit: 100

Principal's E-mail Address*

Character Limit: 100

Percentage of Students Receiving Free and Reduced Lunch*

Character Limit: 100

Name(s) of Field Trip Coordinator/Contact Teacher(s)*

Character Limit: 100

Teacher(s) Contact Information*

Please provide cell and school telephone numbers for each Teacher.

Please provide school e-mail and personal e-mail (optional) for each Teacher.

Character Limit: 200

Subject Matter of Field Trip*

Check all subject areas that apply.

Choices

College Campuses (must be in NJ, CT, DE, PA, MD, Washington, DC)

Dance

Historic Sites and Museums

Multi Arts/Arts Festivals

Music

Nature Preserves and Parks

Science Museums

Theatre

Visual Arts

Other (If Other please explain below)

Please Explain If You Selected "Other"

Character Limit: 250

Name and Address of Field Trip Destination*

Character Limit: 250

Purpose of the Field Trip*

Please describe the purpose of the Field Trip (i.e. Hamlet Performance, Tesla Energy Exhibit at Liberty Science Center, Perspective College Student Open House, etc.)

Character Limit: 250

Proposed Date and Time of Event*

Character Limit: 100

Grade(s) of Students Attending the Event*

Character Limit: 100

Total Number of Students Participating*

Character Limit: 100

Trip Budget*

Please attach a budget or type the information into the text box. Please provide the complete budget for the field trip, including busing costs, admission fees, substitute teachers, etc. and explain how you plan to cover the expenses not paid for by the Field Trip New Jersey Fund.

Character Limit: 1000 | File Size Limit: 5 MB

Payment Information*

You will be notified via email if a grant is awarded. Once you submit the final invoice, payment will be sent as a reimbursement check **to the school**. Please note that we can <u>no longer submit payment directly to the bus company</u>. Please provide the contact name and mailing address for the school where the check should be sent.

Character Limit: 250

Value of Field Trip*

What are your academic goals for this excursion for your students and/or their personal growth?

Character Limit: 2000

Classroom Experience*

How will you incorporate this excursion in your classroom activities <u>before and/or after</u> the field trip? What curriculum standards will be addressed during the trip?

Character Limit: 2000

Indemnification*

If our organization is awarded a grant through the Field Trip NJ Fund at the Community Foundation of NJ (CFNJ), we agree to indemnify and hold CFNJ and their respective officers, directors, agents, successors and assigns, harmless from and against claims, damages, losses and expenses (including, but not limited to reasonable attorneys' fees and disbursements as well as costs and expenses of litigation, settlement, judgement, interest, and penalties) arising from, in connection with, or based upon allegations whenever made, of bodily injury, sickness, disease and death, destruction of real or tangible property, or any other claims, damages, losses and expenses caused by 1) the providing of funds by CFNJ to your organization, b) the negligent or willful acts or omissions of your organization or your organization's employees or subcontractors, or c) your organization's breach of this agreement.

Choices

I agree