

The <u>purpose</u> of BAR's METCO Support Fund is to promote the participation of Belmont METCO students in regular school activities and to foster connections between Boston students and families and their counterparts in Belmont. The Fund may also be used to further anti-racist education of students and staff in the Belmont Public Schools that will be of benefit to METCO students.

Grants for programs or events that serve this purpose can be applied for by Belmont teachers, administrators, students, and their families. BAR requires that the funding request be submitted at least 30 days prior to the event or program. Please provide information on any additional funding sources being used for this event. A follow-up report must be submitted promptly after the event, but no later than 30 days following the event.

Please complete this form electronically and return it via email to:

Assistant Superintendent Lucia Sullivan <u>lsullivan@belmontschools.net</u> Cc: <u>belmontagainstracism@gmail.com</u>

Contact					
E-mail Address					
Date		Phone:			
Briefly state the nature, date, and location of the event or program:					

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Group & School

BAR P.O. Box 649 Belmont, MA 02478 belmontagainstracism@gmail.com

What is the total am	ount of fundin	g you will nee	ed for this program or event? \$
	•	-	ete a list of expected expenses as you can, including foodnses, admission fees, transportation, and bus monitor.
How much of this to	tal are you req	uesting from	BAR's METCO Support Fund? \$
How would BAR's c	ontribution to	your event be	e acknowledged?
Briefly describe how	this event wil	l meet the <u>pur</u>	rpose of the fund as defined on the previous page.
	0 1		
Are there any other	funding source	es being used	for this event? If yes, please list them in detail.
f you are requesting you intend to use.	g bus transpor	tation, please	provide the name of the approved bus monitor
To be completed by	BAR		
Approved:	Yes ()	No ()	Comments:
Funding Source:	MSF ()	BAR ()	
Date Approved:			

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GRANT EVALUATION FORM

To be completed at the conclusion of the event or program.

This form must be completed and returned within 30 days of the conclusion of your event or program. Please email the completed GRANT EVALUATION FORM to BAR at belmontagainstracism@gmail.com

Date(s) /time of event(s)/program:	Group organizing event/program	# of participants
What were the outcomes of your event	/program? Considering your goals, wh	nat was particularly successful about the
event/program? What would you revise		(Please feel free to add data, participant
Would you be interested in repeating th with this?	is event/program either in the same way	or with revisions? How might BAR help
Person reporting:	Date:	
To be completed by BAR		
Date Received: Date Comments:		
		

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