

APPLICANT INFORMATION



Date of Application: ___/___/___

Applicant

Telephone

Email Address

AMOUNT AND TYPE OF SUPPORT REQUESTED

The dollar amount being requested: \$ _____ (\$250 minimum) Total Amount of Project Cost: \$ _____

Funds are being requested for (check where appropriate):

- checkbox new program or project checkbox new equipment checkbox expansion of current program checkbox other _____

Project Period From: _____ To: _____

Number of students involved in this project: _____ Number of classrooms involved in this project: _____

CERTIFICATION

I certify that the information contained in this grant application is true and correct to the best of my knowledge and belief, and that I have the authority to apply for the funds requested. Signature of building Principal is required.

Name Title Date

School Administrator Name Principal Date

APPLICATION REQUIREMENTS

- 1. Complete and sign this application.
2. Describe the project in a narrative...
3. Also include estimates of the costs associated with the project including: Salaries, Travel, Communications, Occupancy, Supplies, Equipment, Contractual Services, Administrative Expenses, Other, TOTAL COSTS
4. List names of corporations and foundations...
5. Email Grant Application...
6. Any questions about this Grant application process...