

CONTACT PERSON

NAME

TITLE*

PHONE*

EMAIL*

ADDITIONAL CONTACT (LEAVE BLANK IF NONE.)

CONTACT NAME

TITLE

PHONE

EMAIL

PROJECT INFORMATION

Is this project approved by your School Board?*

Yes

No

Project Name*

Grant Amount Requested

Time Period Grant to Cover*

Project Summary. Briefly describe the proposed project, why your organization is requesting the grant, what results you hope to achieve, and how you will spend the funds?*

How will this benefit your organization and who, in particular, will it benefit?*

Provide any Project Leaders involved and their Titles*

Provide your total annual organizational budget for the current year?*

Additional Notes / Requests:

PLEASE UPLOAD ANY ADDITIONAL DOCUMENTS TO SUPPORT YOUR GRANT REQUEST.

Signature _____