

SULLIVAN COMMUNITY EDUCATION FOUNDATION GRANT APPLICATION



SULLIVAN COMMUNITY EDUCATION FOUNDATION

IT IS THE PURPOSE OF THE FOUNDATION TO PROVIDE GRANTS FOR PROGRAMS THAT CANNOT BE FUNDED THROUGH OTHER MEANS. WHAT OTHER SOURCES HAVE YOU CONTACTED FOR FUNDING?

NAME OF APPLICANT(S):

AMOUNT OF GRANT: _____
(MINI GRANT = LESS THAN \$1,000 – MAJOR GRANT \$1,000+)

PLEASE ATTACH SEPARATELY AN ITEMIZED LIST OF EXPENDITURES FOR YOUR PROJECT

DESCRIBE THE PROJECT (LIMIT RESPONSE TO 6-8 LINES)

PLANNED IMPLEMENTATION DATE OF THIS PROJECT:

APPLICANT'S SIGNATURE & DATE

DESCRIBE THE TARGET POPULATION

PRINCIPAL/SUPERVISOR'S SIGNATURE & DATE

BRIEFLY LIST PRIMARY OBJECTIVES AND HOW THEY WILL BE MEASURED:

By signing, the grant applicant assures that they have discussed this proposal with their principal or supervisor, have verified that funding for the project is not available from normal school, District or other sources, will commit the time needed to conduct the work described in this application, and will complete the Grant Evaluation by May 1st of the year following the award. By signing, principals and supervisors assure that the project team members have their approval to implement the project and that the project meets the overall mission of their program within the District or organization.