

Name of Person or Organization Requesting Assistance:

Phone number and/or e-mail address:

Nature of Project:

Total Expense of This Project: _____

Amount of Money Requested From Foundation: \$ _____

When Needed: _____

Is partial funding feasible for the grant? If so, how much? \$ _____

Will the grant require multi-year funding? Yes No

If you answered "Yes", please explain. Place explanation on an attached sheet.

Attach a description of the project, its goals and activities. Include information regarding how this project will benefit students. Also include an itemized budget and any other pertinent information we should know about this project.

Note: Funding of any project may also require the approval of the school Principal, School Superintendent, and/or the School Board.

Signature _____

Delavan Education Foundation President

Check One:

Approved as submitted

Approved with the following limitation

Denied