



CONTACT INFORMATION

DATE OF APPLICATION: _____

SCHOOL NAME _____

ADDRESS _____

CITY _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____ WEBSITE _____

PROJECT INFO & FUNDING REQUEST

Project Title: _____ Funding Request \$ _____

Project Coordinator's Name & Title:

Additional Applicants (other teachers/staff making this application with you and will participate in using/implementing the grant):

Your Contact information so we can reach you with questions and provide a confirmation email:

The Best Phone Number: _____

E-mail: _____ FAX (if available): _____

PROJECT DESCRIPTION (no more than 5 pages in length)

PROPOSAL FORMAT

*****Please submit your proposal and budgets on separate sheets. Responses should be typed.*****

Your proposal should include the following information:

- 1. Describe the project/activity** for which funds are being requested.
What activities or procedures will be employed? What will the students do?
- 2. Describe the children** who will be served – number of students and age/grade range.
- 3.** How will this project/activity **relate to** and/or **enhance** your regular program?
- 4.** How will you **assess** student learning and/or the impact of the project/activity?
- 5.** Proposed budget for the project/activity
- 6. Previous Grantees Only:** If you are applying for the same project or program for which you have received grant funds from the EEF, specify how the program has changed or been modified.

SIGNATURES

If this project is funded, I agree to abide by all conditions and expectations that EEF has established concerning this grant.

SCHOOL SITE - _____

Principal's Name Printed

Principal's Signature

Project Coordinator's Name Printed

Project Coordinator's Signature

Co-Applicant's Name Printed (if any)

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