

For Office Use Only		
Approve/Deny	Date	Initial
District		
GEF		
Amount Approved:		\$



Grant/Project Activity: _____ Date: _____

Applicant's Name: _____ School: _____

Amount of funds being requested with this proposal (Not to exceed \$1,000) \$ _____

Applicant's Signature: _____

By signing, I hereby authorize the use of my photograph on the Greenfield Education Foundation webpage or other communication which identifies the awarding of this grant.

Principal's Signature: _____

Please return completed application to: Greenfield Education Foundation
Central Office
Attn: Ellen Oates

1. Provide a brief description of the proposed project:

2. Mission: (How is this project related to the initiatives of the School District of Greenfield and the Greenfield Education Foundation mission?)

3. Project goals and objectives:

4. Activities:

5. Timeline: (Schedule of events in this activity and your completion date.)

6. Other funding sources:

7. Budget:

8. Evaluation plan: (Describe how you will evaluate achievement of goals and objectives.)

The Foundation usually meets the first Wednesday of each month therefore Grant Applications are due the Thursday prior to the meeting to ensure they are placed on the agenda. Grants will not be accepted without Principal's signature.