

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

**NOTE:** Grant requests must be received **prior to May 1**. Grant requests received after May 1 will be considered for approval for the upcoming school year. All funds must be spent in the school year the grant was requested/approved unless previously approved by the GEF Board.

**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 missions?)

**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.*