



(TEE use only) # _____

GRANT APPLICATION revised 12/2020

Proposal must be submitted on this form to be considered. Application information will not be returned.

Name: _____ Date Submitted: _____

Project Leader email address: _____

Building(s): _____

Title of Project: _____ Amount of Request: _____

Brief Description of Project:

Budget Details: List all items needed. *If applicable please provide as attachments:* Vendor contract information/Preliminary invoice/price quotes/Item number/s. Receipts must be kept and turned in with Evaluation Report.

Item:

Cost:

Total Cost: _____

Have you applied for other sources of funding for this project? Yes _____ No _____

Number of Grades/Students involved: _____ Number of Teachers involved: _____

Final report and evaluation of this project will be completed within 30 days of receipt of item or completion of event, ie) field trip or speaker

Signature of Building Administrator/Immediate Supervisor: _____

Signature of Superintendent, if applicant is building principal: _____

Signature of Applicant(s): _____

Print Name(s): _____

Recommended for consideration by the Tippecanoe Educational Endowment: Yes ____ No ____