

GRANT APPLICATION revised 12/2021

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:		

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.

Brief Description of Project:

Item:	-	Cost:		
	Total Co	ost:	_	
Have you applied for other sources of funding for this project?	Yes	No		
Number of Grades/Students involved:	Number	r of Teachers i	nvolved:	
Final report and evaluation of this project will be completed w event, ie) field trip or speaker	vithin 30 a	lays of receipt	of item or com	pletion of
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 Educationa	al Endown	nent: Yes	No	