



TREASURE TROVE GIVING CIRCLE GRANT APPLICATION

2020-2021 SCHOOL YEAR

Project Name: _____

(Use additional pages as needed to explain request)

Purpose of Funding: (Check one): Program Equipment Speaker Other

Brief Description of Project: _____

of people served by project: Students _____ Staff _____ Community Members _____

Grade level or other description of group(s) served by project: _____

Educational purpose/benefit to students, school and/or community: _____

Expected start date: _____ **Expected completion date:** _____

If ongoing program, describe how it will be sustainable after grant funding: _____

Total Funding Requested: \$ _____

***Itemize project costs here or via a separate attachment with project budget:** _____

Other partners: YES OR NO (If yes, describe partner's role and funding provided)

Requestor Name: _____ **Phone Number:** _____

E-mail address: _____ **Date of Request:** _____

Administrative Approval: _____ **Date:** _____

C-FC Superintendent Signature

Administrative Comments: _____

E-mail completed forms to treasuretrovegivingcircle@gmail.com