



TREASURE TROVE GIVING CIRCLE GRANT APPLICATION

(Please note: Applicants must discuss grant requests with the C-FC Superintendent, Troy White, PRIOR to complete the grant application form)

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:** _____

E-mail completed forms to twhite@cfc.k12.wi.us for review and transmittal to the TTGC Board of Directors

Administrative Recommendations & Rationale: _____

Superintendent Signature: _____ **Date:** _____