



# TREASURE TROVE GIVING CIRCLE GRANT APPLICATION

(Please note: Applicants are strongly encouraged to discuss grant requests with the C-FC Superintendent, Dr. Jo-Ellen Fairbanks, 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 [jfairbanks@cfc.k12.wi.us](mailto:jfairbanks@cfc.k12.wi.us) for review and transmittal to the TTGC Board of Directors

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**Administrative Recommendations & Rationale:** \_\_\_\_\_

**Superintendent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_