GRANT PROPOSAL

Sugar-Salem Education Foundation

PO Box 201 Sugar City, ID 83448

Date: _____
School: _____
Name: _____
Address: _____
City: _____
Work Phone: _____
Home Phone: _____
Email: _____

Foundation Teacher

YES _____
NO _____
Student _____

Requested Funds

Classroom Account: $ _____
Matching: $ _____
Cost Share: $ _____
Foundation Funded: $ _____
Total Request: $ _____

Project

(Check all that apply)

Individual _____
Classroom _____
Books _____
Software _____
Workshop _____
Hardware _____
Learning Materials _____
Leadership Forum _____
Music _____
Sports _____

Project Description

(does not apply when accessing classroom accounts)

Other Organizations Participating in Project

Foundation Use Only:

Approved ( ) Date _____ Amount $ _____ Remaining in Individual Account $ _____

Denied ( ) Date _____ Request for Additional Information-Received (Date) _____