



Partners and supporters of public education serving Monta Vista, Lynbrook, Homestead, Fremont and Cupertino high schools

APPLICATION FOR FOUNDATION GRANT 2017-18

PROJECT TITLE: _____

Applicant(s): _____

School/Program: _____

Telephone: _____ Email: _____

Amount Requested: \$ _____

Duration of Project: From: _____ To: _____

Grade Level(s): _____ Number of Students Impacted: _____

Brief Description of Project: What are the project's objectives? Explain how the project will be impactful and enhance students learning and help achieve district-wide learning goals.

Implementation of the Project: Provide a project timeline.

Itemized Budget:

Is additional funding coming from another source? Yes No

If yes, please explain.

Please provide an estimated budget for this project. You may submit it as a separate document.

Item	Description/ Purpose	Cost
	Cost Total Budget	

I, _____, hereby agree that if my project is funded, I will complete a year-end report for the Foundation highlighting how funds were used and any highlights of the project. I also acknowledge that I may be asked to present information on the project at a Foundation event. I will include the Foundation logo in all print and digital media. In addition, I will share information with parents, students and other participants, including promotional materials when appropriate.

Applicant's Signature(s): _____ **Date:** _____

Principal's Signature of Approval: _____ **Date:** _____