

WADSWORTH GRIZZLIES COMMUNITY FOUNDATION

GRANT APPLICATION COVER SHEET

Title of Project or Name of Professional(s)-in-Residence: _____

Summary Statement about the Project: _____

Total Projected Budget: _____ **Grant Amount Requested:** _____ **Other Funding Sources?** _____

Amount Received or Anticipated from Other Funding Source(s): _____

_____ **Building:** _____

Grade Level(s): _____ **# of Students:** _____ **# of Teachers:** _____ **# of Classes:** _____

Special Needs Group being Served (if applicable): _____

Expected Project Duration: _____ **Anticipated Project Completion Date:** _____

Project Applicant ("Project Director"):

Name _____ Position _____ School: _____

Signature of Project Applicant ("Project Director") _____

Work Phone _____ Home Phone _____

Home Address _____ City / Zip _____

Name(s), Grade level(s) and signatures of anticipated additional Project participants (if applicable):

_____ Signature _____

_____ Signature _____

_____ Signature _____

Statement of Support:

I have studied the attached grant application and believe the project envisioned is a valuable and appropriate undertaking which reflects the core values and goals of the Wadsworth City School District. I affirm that it is my responsibility as an administrator or member of the professional staff to monitor the project's progress if grant funding is awarded, and assist in the project's successful and timely completion.

Building Principal's signature (Required) Date

Director of Instruction and Professional Development*

Directory of Technology**

* At a minimum in all cases, obtain the signature of the Director of Instruction and Professional Development.

** The signature of the Director of Technology is also required if the project anticipates any new, upgraded, or expanded use of technology other than what is already in place.

DATE SUBMITTED: _____

Approved? Yes No Date: _____
Reason for NON-Approval: _____