



BRECKENRIDGE 846 EDUCATION FOUNDATION

GRANT APPLICATION

APPLICANT INFORMATION

Date of Application: _____

Applicant _____

Telephone _____

Mailing Address _____

City _____

State _____

Zip _____

Email Address _____

AMOUNT AND TYPE OF SUPPORT REQUESTED

The dollar amount being requested: \$ _____

Funds are being requested for (check where appropriate)

- new program or project
- new equipment
- expansion of current program
- other _____

Project Period From: _____ To: _____

Number of students expected to be involved in this project: _____

Number of classrooms involved in this project: _____

I certify that the information contained in this grant application is true and correct to the best of my knowledge and belief, and that I have the authority to apply for the funds requested:

Name Title Date

School Administrator Title Date

APPLICATION REQUIREMENTS

1. Complete and sign this application.
2. In a narrative, describe the project and how funds will be utilized.
3. Also in a narrative, describe the expected outcomes and how it relates to improving the quality of education for our students.
4. Estimate and document the costs associated with project including:
 - Salaries
 - Travel
 - Communications (postage, printing, telephone, etc.)
 - Occupancy (rent, utilities, insurance, etc.)
 - Supplies
 - Equipment
 - Contractual Services
 - Administrative Expenses
 - Other (Specify) _____
 - TOTAL COSTS
5. List names of corporations and foundations (if any) that you are soliciting for funding, with dollar amounts, indicating which sources are committed, pending, or anticipated.
6. Please submit your application and accompanying documentation to:

Diane Cordes, Superintendent
Breckenridge Public Schools
810 Beede Ave
Breckenridge, MN 56520