

Litchfield Education Foundation

Mini-Grant Request Form

www.litchfieldeducationfoundation.org

Box 874, Litchfield, CT 06759

Deadline Dates: October 15, March 1, May 15

I. Personal (or Group) Information

Name(s): _____

Mailing Address: _____

Email Address: _____ Phone # _____

School: _____ Subject/Grade Level(s): _____

Position: _____

II. Educational Purpose *(impact on students, number of students served, grade levels, group request? – profit or non-profit):*

III. Cost of Project *(include anticipated costs – equipment and personnel, plus any matching grants):*

<i>Anticipated Costs</i>	
Equipment & Materials	\$ _____
Personnel	\$ _____
Other	\$ _____
Total Cost	\$ _____

<i>Other Sources of Revenue</i>	
<i>(if applicable)</i>	
Total Cost of Project	\$ _____
Other Funding	\$ _____
Donated Services	\$ _____
Donated Materials	\$ _____
Total Requested	\$ _____

Projected Completion Date: _____

IV. How will you measure the success of this project?

Submitted by: _____ **Date:** _____

Approved by: _____ **Principal**

Approved by: _____ **Superintendent**

Please forward copy to Central Office.

(Please feel free to attach any additional information about the project.)