

# EFN Grant Request

Educational Foundation of Neenah  
P.O. Box 244 , Neenah WI 54957-0244

Date: \_\_\_\_\_

This preliminary application is submitted for consideration by the Educational Foundation of Neenah under the guidelines established by the bylaws of said foundation. Please type or print clearly.

Name: \_\_\_\_\_ School: \_\_\_\_\_  
(Individual/Organization)

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Purpose of Grant: (Be as specific as possible.) Attach letter if additional space is necessary. Attach supportive documentation including pictures and price quotes including shipping if applicable.

Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will students benefit from this grant? \_\_\_\_\_

\_\_\_\_\_

How many students will benefit from this grant? \_\_\_\_\_ Has this activity been funded previously? Yes\_\_\_ No\_\_\_

Have you requested funding from other sources (e.g PTO, Neenah Tomorrow Fund)? \_\_\_\_\_

Funds being requested: \_\_\_\_\_ Date to begin \_\_\_\_\_ Date to Complete \_\_\_\_\_

Date by which Foundation action (commitment or denial) is needed to advance project: \_\_\_\_\_

Teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director or Specialty Area Director's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Before a Grant Request is submitted, EFN expects the applicant will ask his/her Principal or Area Director to determine if there is any NJSD funding available to support (in whole or in part) the proposed project. A general Grant Request must be approved by the Principal and the Area Director. Any Grant Request involving a specialty area must obtain the approval of the Principal and the Specialty Area Director, (Pupil Services or Instructional Technology). Grant Requests which are properly completed and meet EFN's giving guidelines will be submitted to the EFN board for review. The EFN board meets four times per year. If funded, it is expected the grant recipient will submit photos related to the grant. The individual/organization submitting the Grant Request may be asked to attend the EFN board meeting to make a brief presentation and to answer board questions. Please provide the name of the person(s) who will attend the EFN meeting.**

Name, email, phone number of individual(s) / organization attending Educational Foundation meeting: \_\_\_\_\_

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## For office use:

Date	Final Action	Grant Number	Expiration Date	Amount
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