

# EFN Grant Request

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

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

This preliminary application is submitted or 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 \_\_\_\_\_ Home Phone \_\_\_\_\_

Purpose of Grant: (Be specific as possible.) Attach letter if additional space is necessary. Attach supportive documentation.

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

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

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

If so, by whom? \_\_\_\_\_ How long? \_\_\_\_\_

Is this a one-time funding activity? Yes\_\_\_ No\_\_\_ Is there an ongoing need for future funding? Yes\_\_\_ No\_\_\_

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

Date for commitment or denial needed by Foundation 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) for 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), in addition to the Principal. 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. The individual/organization submitting the Grant Request is 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 and phone number of individual(s) / organization attending Educational Foundation meeting: \_\_\_\_\_

For office use:

Final Action

Date

By

Amount:

Rev May 2011