

Colchester Learning Foundation Grant Application

**MISSION**

**The mission of the CLF is to support and promote innovative and creative educational opportunities for Colchester residents of all ages.**

**GENERAL INFORMATION**

Name(s) of Applicant:

Contact Name:

Telephone:

Address:

Telephone:

e-Mail Address:

If Applicant is an organization please provide organizational purpose and function:

Title of Grant Request:

Brief Description of Grant Proposal and an estimate of the number of people who will benefit:

State specific objectives of the Grant:

List groups or individuals with whom you will be collaborating:

How is this project creative or innovative?

Projected Start Date:

Projected Date of Completion:

Explain how the receipt of this grant will benefit the students of the Colchester School District and/or the Colchester community at large consistent with the mission of the Colchester Learning Foundation and how you will share the project's outcomes with others:

## Colchester Learning Foundation Grant Application

Have you requested funds for this project from any other funding source?

Did you receive funding for this project from any other funding source?

If so, how much (\$):

Level of support requested (\$) up to \$500.00:

Fund allocation description (Budget):

Please submit an estimated itemized budget on a separate attachment.

Describe how the grant will help you meet your stated objectives and provide benefit to the students of Colchester and/or community groups.

Grant funds must be expended during the current school year or for civic groups within 6 months of award. Any funds not expended will be returned to the CLF.

When you accept the grant, you are agreeing to submit a final report within 30 days of the project completion date.

Signature of Grantee:

Date:

Signature of Supervisor:  
Executive Dir./President

Date:

Principal Signature:  
(as necessary)

Date:

Superintendent Signature:  
(as necessary)

Date:

Actual Grant Award (\$):

Signature of CLF Officer: