



SMALL GRANT APPLICATION

Date of Application: _____
Applicant Name: _____
Applicant Address: _____
Applicant Phone: _____
Applicant Email: _____
Application is endorsed by: _____
[Identify teacher, counselor or administrator that endorses request]

GRANT INFORMATION:

Title of Project/Activity: _____

Number of Participating Students/Parents/Teachers: _____

Amount Requested: \$ _____

Start and end dates for Project/grant activity: _____

Project/Activity Description: [Describe your project with details on activities, benefits for students, how results will be measured] [You may attach a one page description]

How does this project/activity meet the Mission of the Foundation or enhance the educational needs of the students of the District?

Source of other Funding: [Describe total cost of project/activity, and source of other funds available]

If Grant is approved, to whom should funds be distributed?

Date Funds are needed? _____

Tax Id for Recipient of funds (if applicable) _____

Provide the following Budget Details:

Provide an itemized list of expenses/costs.

Budget Item	Quantity/price per unit	Total cost	Amount Requested from the Foundation
TOTAL		\$	\$

Submit Application to : Covington Board of Education Foundation, Attn: Trisha Brundage, 2500 Madison Ave, Covington, Kentucky 41014 or via email to : trisha.brundage@covington.kyschools.us

COVINGTON EDUCATION FOUNDATION
2500 Madison Ave, Covington, KY 41014
Phone: 859-292-3960 Fax: 859-581-7259