

Friends of Winnacunnet Foundation Grant Application

Name: _____

Address: _____

Phone Number: _____

School/Organization: _____

Proposed Title: _____

Total Amount Requested: \$ _____

Project Start Date: _____ Project Completion Date: _____

1. What are the specific goals and objectives of the project?
2. Describe the project and the plans for implementation.
3. How will the project impact the quality of education at Winnacunnet High School?
4. How many students, staff and teachers will be involved in the project?
5. Will the project have long term benefits for Winnacunnet students and teachers? Please explain.
6. How will the success of the project be measured? (See Evaluation Form)
7. Itemized Budget
8. List other pertinent information about the proposed project not covered in questions #1-7, including references, letters of support and any other supplemental materials needed to describe products or program purchases. (Please attach separately).

9. Give an outline of a work plan and timetable below, with project milestones and estimated dates of completion of each phrase. NOTE: All funds must be used within one year after acceptance of the award unless otherwise requested.

10. Could you carry out this project if full funding were not available? If so, indicate how you would proceed at 75% and 50% funding.

Signature of Applicant: _____

Signature for Board Approval: _____