

CYCLONE EDUCATION FOUNDATION



APPLICATION FOR TEACHER CLASSROOM PROJECT GRANT

Name:	Position:
Home Phone Number:	School Phone Number:
Date of Submission of Application:	
Site:	
Narrative of Classroom Project:	
Timelines of Project including specif back to Committee:	fic implementation date and date Implementation Report is due
	vill benefit from this project?
How will you determine if your obje	ectives are achieved and the success of the project?
Applicant Signature	Date
Signature of Building Principal	Date

BUDGET REQUEST

Detail your budget request. Include specific information, such as types of materials and equipment, sources of supplies, transportation, honoraria, food, etc. List estimated cost of each.

<u>Item</u>	<u>Supplier</u>	Budget Amount
Six (6) "Learning to Read" Books	ABC Supply Co.	\$33.00

REQUESTS:

<u>Item</u>	<u>Supplier</u>	Budget Amount