

SPEARFISH FOUNDATION FOR PUBLIC EDUCATION

“QUICK LOOK” GRANT APPLICATION

Project Title:

Date of Submission:

Contact Person(s):

Telephone Number:

Email:

School:

I have discussed this application/project with the school principal and he has indicated approval. (Approval of the principal is required before a request will be considered by the Grants Committee.)

Please check this box if expedited consideration is requested.

Briefly describe your project – how, when and where it will take place.

How many students will be impacted and how will they be actively involved in the project?

What is your estimated itemized budget?

How much funding are you requesting from SFPE?

How will you evaluate the project outcomes?

Click on the Submit button according to your building to email the form to your Principal and Superintendent.