

# LYONS EDUCATIONAL ENRICHMENT FUND (LEEF)

## COVER PAGE GRANT APPLICATION FORM

### PROJECT AND CONTACT INFORMATION:

Name of Project: \_\_\_\_\_

Project Grade Level(s) and Subject Area(s) of Emphasis: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Estimated Total Budget: \$ \_\_\_\_\_

Name of Teacher or Project Leader: \_\_\_\_\_

School Building: \_\_\_\_\_ Phone No. \_\_\_\_\_

Project Leader Home Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail address: \_\_\_\_\_

*Name (or Proposed type) of Community Partner if applicable:* \_\_\_\_\_

*Partner Contact:* \_\_\_\_\_ *Phone No.* \_\_\_\_\_

*Collaborating Teachers and/or Community Partners:* \_\_\_\_\_

### PROJECT ABSTRACT:

Please attach a one or two paragraph project summary.

### PROJECT NARRATIVE:

Please attach a description of your project (no more than 3 pages, preferably typewritten), including information regarding how the project addresses the evaluation criteria. (Need Help? See Guidelines.)

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### BUDGET:

Please provide an itemized list of all materials, consultant or other fees, equipment, transportation costs, etc. necessary to complete the project using the format below. Attach additional sheets as necessary.

Item	Anticipated Supplier	Estimated Cost	Amount Requested from LEEF	Amount to Come from In-Kind or Other Sources

Teacher or Project Leader Signature: \_\_\_\_\_

Community Partner Representative Signature if applicable: \_\_\_\_\_

School Principal Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_