

BRIAN TODD MEMORIAL COMMUNITY FUND

GRANT APPLICATION

SCHOOLS

Brian Todd
Memorial
Community
Fund

School Name: _____

Staff Contact (name): _____ Position: _____

Staff Contact (email): _____

Approved by Principal (name): _____

Approved by Principal (email): _____

Project Title: _____

Project Start/End Date: _____

Name of Group/Students Involved: _____

Total Cost of Project (max. Grant - \$2,500 elementary; \$5,000 ENSS): _____

.....
Describe the project:

.....
Provide a cost breakdown of the project. Be as detailed as possible, including vendor(s):

.....
Explain why this project is so important to the school/students.

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Who and/or how will the school benefit from this project?