

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) and quotes for custom work:

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

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