Solon Education Foundation Grant Program Application Form

Project Contact Person/Title:_____

SCSD-Affiliated Personnel:_____

Contact Address:_____ City:_____ State:_____ ZIP Code:_____

Phone Number:_____ FAX:_____ e-mail:_____

Non-Profit Sponsoring Organization (if any)_____

Mailing Address:_____ City:_____ State:_____ ZIP Code:_____

Contact Person:_____ Phone Number: Ext._____

Federal Tax ID#:_____

Grant Information

Project/Program Title:_____ Date of Application:_____

Total Cost:_____ Requested Funds:_____ Funds Raised to date:_____

Anticipated Start Date:_____ Anticipated Completion Date:_____

Grant Summary (50 words or less)

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Please attach a brief review of the proposed project with emphasis on how your work will aid the SEF in its mission to maximize educational opportunities for students, staff, and friends served by the SCSD. In general, the SEF does not provide monies for capital construction funds, general fund raising efforts, or projects aimed at supporting a particular political agenda. Please address additional or future funding sources, describe the key personnel involved in the project, schedule of project over the grant period requested, and a detailed budget for requested funds.

By signing this form, the requestor understands that successful grant applicants are bound to spend dispersed funds exactly as detailed in the application unless granted a written variance by the SEF. ***Please include detailed instructions as to whom the funding check is to be made payable***. *Review how this may affect execution of your project.*

Check payable to:_____

You may email this application to Thomas Gross <tojogro@southslope.net>.

Those submitting this application by mail should sign and date below.

_____ _____
Signature Date

Please submit application in *triplicate* to:
Solon Education Foundation
ATTN: Grantmaking Committee
P.O. Box 275
Solon, IA 52333

Application Period Closes 09/15/2007