Education Foundation of Calhoun County

2016-17 Grant Application

Project Title:

Amount of Funds Requested:

Primary Applicant to contact regarding this project:

Email address of contact:

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| --- | --- | --- |
| **Name of Applicant** | **Position** | **Campus** |
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I/we have read and understand the selection process and criteria for the Education Foundation of Calhoun County Grants. It is my/our intention to implement the project described herein as specified. I/we also agree to provide all data and information necessary to evaluate this project. I/we understand that the awarded projects are the property of Calhoun County ISD.

Applicant Signature(s) Principal Signature(s)

Deadline for Grant Submission: 1/31/2017

Submit completed Grant Applications and a flash drive with your video to: Dr. Diana Freeman, Calhoun County ISD, District Administration Building

Project Title:

Amount of Funds Requested:

Number of students impacted: Grade Level(s) impacted:

Subject(s) addressed:

Implementation date:

Project Description

Project Budget

All items purchased become the property of Calhoun County ISD.

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|  | Budget Item | Description | Unit Cost | Shipping | Qty. | Total |
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