



## FUNDING APPLICATION

(Please print or type. Use separate paper as necessary.)

PROJECT NAME: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PROJECT PURPOSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF PROJECT IS SCHOOL RELATED, HOW DOES THE PROJECT ADDRESS STATE AND DISTRICT SCHOOL STANDARDS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GOALS OF PROJECT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHO WILL BENEFIT FROM THE PROJECT: \_\_\_\_\_

\_\_\_\_\_

DATE OF PROJECT: \_\_\_\_\_



## PROJECT BUDGET

Identify the amount you are requesting, including any amount you will contribute.

**EXPENSE ITEM**

**AMOUNT**

List description

	(Total Expense)

**CONTRIBUTION/MATCH**

**AMOUNT**

List Contribution

(Contribution/match sources can be comprised of cash or donated items/services.)

	(Total Contribution)

**REQUESTED AMOUNT**

(To be funded by the Idalia Visions Foundation)

\$ \_\_\_\_\_

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Applicant must present funding application to the Idalia Vision Foundation board at their monthly meeting. Applicant will explain to board purpose of project. Upon completion of project, applicant will give detailed report to board.