



GRANT APPLICATION COVER SHEET

Project Name

Project Leader/Project Team Leader

Project Leader Telephone

Project Leader Fax

Project Leader Email

Additional Project Team Members (If applicable)

Participating School(s)

Grade Level/Specialty

Total Amount Requested:

(Must match the requested amount on the Budget Attachment Line 43 TAB A)

\$ _____

AGREEMENT WITH THE FOUNDATION:

By submitting this application for an Innovative Educator Award Mini-grant I recognize that, if funded, I will be required to help promote public awareness of my project as well as the Innovative Educator Award Program and/or the relationship of the Stafford Township Education Foundation to my project in the community. Furthermore, I agree to complete all reporting requirements and expectations of the Foundation's IEA Grant Panel, within reason, including the proper completion of payment disbursement forms. I understand that if funded, the grant is to be considered "seed" funding and the Foundation is not in any way obligated to continue funding my project in future years.

Signature of Project Leader

Date



