



## HEF Grant Application

### 2017 – 18

<b>Date:</b>
<b>School Name:</b>
<b>Name/Title of Applicant(s):</b>
<b>Contact Person (if different from applicant):</b>
<b>Contact Person Email:</b>
<b>Contact Person Phone #:</b>
<b>Title of the Project:</b>
<b>DonorsChoose Project ID number (if available):</b>
<b>Project Duration or Start/End Dates (estimate):</b>
<b>Project Description:</b> <i>Describe the project in detail, benefits for students, alignment with school site plan strategies, etc. (if necessary attach additional pages):</i>
<b>Budget Description:</b> <i>How you will spend the Grant money (include other sources of funds to supplement the project, if available). Provide cost estimates for project materials and other items:</i>
<b>Amount requested:</b> <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 Other: _____ DonorsChoose remaining balance at the time of completing this form:
<b>Project Approved by the School Principal:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Signature (or submitted by):</b>