

GRANT REQUEST FORM

*NOTE: Maximum grant amount is $5,000.*

Date Grant is Being Requested:

Date Project Will Begin:

Name of Grant Requestor:

Title of Project:

Department or School Served by the Grant:

Total Amount of Money Requested:

Please visit the foundation website at PhoenixOneFoundation.com for a description of the mission of the foundation.

1. Please provide a brief description and the goal of the project to align with the mission of the foundation.
2. Will the project serve parents, students or staff? Please indicate the number of students, parents and/or staff to be served.
3. What is your criterion for success? How will you measure it?
4. Please provide a detailed, estimated project budget. If you will receive funds or support from other sources, please include those in the budget.
5. What is the timeline for your project?
6. In the future, how might the grant be used to reach even more students, parents and/or staff?

Signature of Grant Requestor Date

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Signature of Principal or Department Leader Date

Please email your grant requests or questions to Cathy Yurchick at Cathy@KOI-education.com .