

How many individuals will benefit from this project? Students (include grade level) _____ Staff _____ Volunteers _____ Other (describe) _____																													
Describe your population (I.E., Gifted and Talented, At-Risk, etc.) _____ _____																													
How will you determine whether your objectives have been achieved and whether your project is successful? _____ _____ _____																													
Project Budget: Your budget MUST balance. Total project expenses must equal project revenues. Food and field trips will not be funded by the foundation.																													
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Have you/your school or organization received funding for this project in a previous year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what amount? _____																													
If awarded, how should this check be made payable? _____																													

A Grant Summary, including an accounting of all funds and receipts, must be completed and submitted within 30 days of the conclusion of the project. The applicant agrees that the support funds will be administered by the applicant or organization and used as requested. Any funds received under this grant shall not be used to replace funds normally budgeted for this activity and must be used solely for the stated purpose. Any materials, equipment, etc. awarded by the grant will be the property of Lake Orion Community Schools.

If the grant is awarded, the applicant agrees to recognize the Lake Orion Education Foundation on promotional and other materials related to the program/event. Award checks are issued in January and August. If monies are needed earlier than January/August please explain:

The applicant has read, understands, and agrees to the guidelines stated above.

Applicant's Signature _____ Date: _____

The filing of the application by the undersigned official indicates support for this application.

Building Principal: _____ Date: _____