

BRIAN TODD
MEMORIAL COMMUNITY FUND
GRANT APPLICATION
SCHOOLS

School Name/Phone No.: _____

Staff Contact–Name/E-mail Address: _____ Position: _____

Approved by–Name (principal)/E-mail Address: _____

Project Title: _____

Project Start/End Date: _____

Name of Group/Students Involved: _____

Total Cost of Project (maximum grant–\$2500 elementary; \$5000 ENSS): _____

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Describe project in detail/cost breakdown:

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Why is this project so important to the school/students?

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Who and/or how will the school benefit from this program?