

WAKEFIELD EDUCATIONAL FOUNDATION

Box 1752

Wakefield, Ma 01880

wakefieldeducationalfoundation.org

MINI- GRANT APPLICATION - 2009



Name & Address of Applicant: _____

Description of Requested Grant: _____

_____.

Parent/Community Impacted: _____.

No. of Students Impacted: _____.

No. of Teachers Impacted: _____.

Objective of Proposal: _____

_____.

Tasks/Activities Planned: _____

_____.

If proposal is adopted by WEF, what would be the major results:

_____.

Signature: _____ **Date:** _____

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Name of Applicant(s): _____

WEF - Mini-Grant Budget Form 2009

<i>Personal Services (payments to School Dept. employees)</i>	
Professional(s)	\$
Substitute Teacher(s)	\$
Custodial	\$
Sub-Total Personal Services	\$
Contractual Services *(payments to outside personnel)	
Professional Services	\$
Meetings/Seminars	
. Travel	\$
. Registration	\$
Printing	\$
Other Contractual	\$
Sub-Total Contractual Services	\$
Materials & Supplies (payment for supplies & related items)	
Supplies	\$
Textbooks	\$
Publications	\$
Shipping, Postage	\$
Sub-Total Materials & Supplies	\$
Total Cost of Proposal	\$
Support from Other Sources	\$
WEF Grant Request	\$
Dated:	