



SHERMAN COUNTY
EDUCATION FOUNDATION
OUR KIDS. OUR FUTURE.

Grant Application

Mail: PO Box 68, Moro OR 97039 by last Friday
of month for consideration at next board meeting

Applicant Name or Organization _____

Contact Person _____

Address _____

Phone _____ Email _____

Project Description

(please be detailed in your answers)

Schedule – include the project start date, any key milestones, and the **estimated project completion date**.

What will be done?

Sherman County Education Foundation Grant Application cont.

Who will directly benefit from the project? describe educational and other benefits.

How will you measure the success of your project?

Budget – please attach a budget in a separate document including the total estimated cost of the project, the amount you will be requesting from the education foundation and any other contributors to the project (match funding).

Signature

Date

Review Date_____ Fund_____ Fund with Conditions_____ Do Not Fund_____