



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)

What will be done?

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 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).

Schedule - include project start date; include any key milestones and the estimated project completion date.

signature

date

Review Date _____ Fund _____ Fund with Conditions _____ Do Not Fund _____