

Proposal Cover Page

Date: _____

Project Title: _____

Content Area(s): _____

Grade Level(s): _____ Number of students to Benefit: _____

Project beginning and ending dates: _____

Grant Size:

teacher (up to \$1,000) group (up to \$2,500) large project (up to \$10,000)

Budget Total: _____

Project Manager: _____

Home Address: _____ City _____ State _____ Zip _____

School: _____

School Address: _____ City _____ State _____ Zip _____

Home phone: () _____ School phone: () _____ ext. _____

Fax: () _____ e-mail address: _____

School Administrator Name: _____

Title: _____ School phone: () _____ ext. _____

Summarize your project idea in a short paragraph and discuss the utilization of funds in your project:

"I certify that the applying teacher is employed by my school district. I also agree to alert the Ujeni Fund of any personnel or other changes affecting the project."

Signature of School Principal _____

Date: _____