

101 McCartney Street
Yarmouth Superintendent's Office
Yarmouth, ME 04096

FALL 2020 EMERGENCY FUND GRANT
Project Proposal & Grant Application

Section I

Project Title: _____

Applicant Name(s): _____ Co-applicant(s) _____

Applicant's Position/Grade: _____

Applicant Phone: _____ School Phone: _____

Applicant Email Address: _____

School(s) that will benefit from grant: _____

Date Funds are Needed: _____

Section II.

Anticipated start date: _____ Anticipated completion date: _____

1. Briefly describe your project or event.

2. How will this project enhance the curriculum and help teachers and/or students during the pandemic? Could this project be utilized in a post-Covid educational setting?

3. Will the project have recurring or ongoing operational expenses? If so, how will they be paid?

4. How many students/teachers will this grant impact?

5. Could this project be partially funded? If yes, please explain.

6. Have you requested school funding for this project? Is this something that could be covered by the existing operational funds, federal/state COVID-19 funds, and/or Yarmouth COVID-19 supplemental funds?

7. Please attach any other relevant information about this project.

Applicant Signature: _____ Date submitted: _____

School Principal Signature: _____ Date: _____

****Your school specific IT Signature:** _____ Date: _____

****Please note: this signature is only needed for IT requests. This will ensure proper equipment is included in the proposal.**

