



YARMOUTH EDUCATION FOUNDATION

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

Expedited 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. Describe your project or event. Include a timeline if it is relevant.

2. Please describe how this project is innovative, a new approach, or a creative use of existing ideas.

3. How will this project support the curriculum and/or enhance students' educational experience?

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

5. Please describe how this project will inspire students to develop creativity, life skills, and/or healthy habits.

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

Applicant Signature: _____ Date submitted: _____

School Principal Signature: _____ Date: _____

**Section III.
Proposed Budget**

Total Amount Requested: \$_____ (**\$500 cap for expedited grant process**)

Clearly state ALL costs to enable the committee to understand exactly what is required (Please describe your basis for any estimates).

Supplies/Materials cost: \$_____

Services cost: \$_____

Equipment cost: \$_____

Total cost of project: \$_____