



Mini-Grant

Individual and team awards range from \$200 - \$1500

Award Application

Project Title: _____

Names of Teachers or _____

Administrators: _____

School(s) _____

Subjects / Grades: _____

Number of Students Impacted: _____

Grant Amount Requested: _____

Collaborative Effort? _____

With Whom? _____

Please Explain your Project idea:

What are your goals and objectives for this project?

What is your plan of action? How do you plan to make this project a reality?

What is your timeline for executing this project?

Do you need volunteers to help execute the project? If so, please describe your needs:

How will you evaluate the project effectiveness?

Attach an itemized budget which includes all of your needed supplies, materials and equipment along with any other sources of support that you are seeking for the project.

Applicant Signature

Principal / Supervisor Signature

Date

Date

Please return your application by April 15, 2003 to:

**The Decatur Education Foundation, Inc.
320 N. McDonough St.
Decatur, GA 30030**

If you have any questions, please contact us at 404-370-4400 ext. 28.