

SEDALIA SCHOOL DISTRICT FOUNDATION, INC.

Keeping Education A Priority



Mini Grant Cover Sheet

Please refer to the Mini Grant Information Sheet for instructions and deadline

SCHOOL YEAR:	DATE OF APPLICATION:
MINI GRANT TITLE:	
SCHOOL(S):	GRADES:
PROJECT MANAGER(S):	
PHONE NUMBER:	EMAIL ADDRESS:
AMOUNT REQUESTED:	
ARE YOU REQUESTING FUNDING FROM OTHER SOURCES FOR THIS PROJECT? ___ YES ___ NO	
WILL YOU IMPLEMENT THIS PROJECT REGARDLESS OF SSDF FUNDING? ___ YES ___ NO	
HAVE YOU RECEIVED A SSDF MINI GRANT BEFORE? ___ YES ___ NO	
ACADEMIC YEAR(S):	
TITLE(S) OF GRANT(S):	
SIGNATURE OF PROJECT MANAGER:	
BUILDING ADMINISTRATOR (PRINTED):	BUILDING ADMINISTRATOR (SIGNATURE):



Mini Grant Application

1. Describe the purpose of your grant. Please address the specific activity or project, opportunity, issue, goals, strategies, need, and relevancy.

2. How many students/grade levels will the grant serve? Will the grant serve students over multiple years?

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3. What measurable criteria will indicate successful results, and who, and how, will the effectiveness of the grant be measured?

4. Include a detailed budget for your request. Attach budget as separate sheets if more space is needed.