

Decatur County Community Foundation, Inc.

**THANK-A-TEACHER
GRANT APPLICATION**

Thank-A-Teacher Grant applications MUST be typed.
Please refer to the Thank-A-Teacher Guidelines when completing an application.

Teacher's Name _____

School _____

Mailing Address _____

Telephone _____ Fax: _____ E-mail: _____

Teacher's signature: _____

*****Please note: The undersigned represents that funds for this project have been requested but are not available through the regular school budget process.***

Principal's signature: _____

Return the completed application to:

Decatur County Community Foundation
101 E. Main Street, Suite #1
Greensburg, IN 47240

For Foundation Use only:

Date Received _____ Grant number _____

Board Action Date _____ Approved _____ Declined _____

Grant Conditions or Notes:

For Foundation Use only:
Date Received _____ Grant number _____
Board Action Date _____ Approved _____ Declined _____
Grant Conditions or Notes:

Decatur County Community Foundation, Inc.
THANK-A-TEACHER
GRANT APPLICATION

Date submitted _____

Project Title _____

Grade Level _____/Subject _____ Number of students _____

Project Timeline:

Beginning Date of Project _____ End Date of Project _____

Grant amount requested: (may not exceed \$400.00) _____

I. Project Description

Describe the project and the educational objectives you hope to achieve:

Explain the need for the project and who will benefit:

II: Project Funding And Budget

Identify other sources of financial support (including school funding and other grants) that you have requested but that were denied:

Source	Amount denied

Detailed Project Budget: (Remember, schools are exempt from sales tax.)

Description of Item	Quantity	Price
Total		

Identify additional sources of funding that you anticipate receiving for this project in addition to this request. Include donated items or services.

Source	Amount