

DANVERS EDUCATIONAL ENRICHMENT PARTNERSHIP
PROJECT PROPOSAL--GRANT APPLICATION
COVER SHEET

Please read the guidelines, and then complete all applicable sections on this form. All information must be typed and include the applicant's signature and that of the building principal.

Applicant #1 Name: _____ School: _____

Home Address: _____ Home Phone: _____

E-Mail: _____

Applicant #2 Name: _____ School: _____

Home Address: _____ Home Phone: _____

E-Mail: _____

Project Title: _____

Project Proposal: On a **separate sheet** of paper, please detail your proposal. You may include your goals, detailed budget, benefit to your students, number of sessions (where applicable), do you see this as a multi-year grant request, and any other pertinent information. (Project Proposal must be typed) ***All materials approved and purchased through the DEEP grant program become the property of the Danvers Public Schools.***

Grade Level of Students: _____

Total Amount Requested by Applicant (\$500 max) \$ _____

Principal's Signature: _____

Applicant's Signature: _____

Application Deadline: March 1, 2017

Mail Completed Packet To: Mark Strout, Danvers High School, 60 Cabot Rd.
Danvers, MA 01923

Funded: _____ Not Funded: _____ Amount: \$ _____