



DC WEST SCHOOLS FOUNDATION SPECIAL PROJECT APPLICATION

Special Project Title: _____

Applicant(s): _____

Building: _____ E-mail/Phone: _____

On a separate sheet of paper, include the following:

- Explain your special project and how it would be used to engage students.
- List any goals and objectives.
- Tell us how many students would be impacted by this project.
- If a timeline can be applied to your request, please provide one with your target start and completion dates.
- Please explain all costs and all expenses attached to your special project. Please include any other funding sources for your request, including in-kind resources. If this is part of a bigger budget matter, please explain.

AMOUNT REQUESTED: _____ DATE FUNDING IS NEEDED: _____

HAVE FUNDS BEEN RECEIVED FROM THE DISTRICT FOR THIS PROJECT IN THE LAST 12 MONTHS?

YES _____ NO _____

IF YES, HOW MUCH WAS APPROVED? _____

HAVE FUNDS BEEN RECEIVED FOR THIS PROJECT FROM EXTERNAL SOURCES IN THE LAST 12 MONTHS?

YES _____ NO _____

IF YES, FROM WHOM AND HOW MUCH? _____

ALL ITEMS PURCHASED BY DC WEST SCHOOLS FOUNDATION SPECIAL PROJECTS ARE PROPERTY OF DC WEST COMMUNITY SCHOOLS.

SIGNATURE OF APPLICANT AND SIGNATURE OF PRINCIPAL OR ADMINISTRATOR:

(APPLICANT)

(PRINCIPAL OR ADMINISTRATOR)

(DATE)

(DATE)

Email form to: dcwestschoolsfoundation@gmail.com