

Cook County School District 166 Education Foundation Funding Request Form



Name of Project: _____

Have you received funds from this organization before for a similar project? Yes / No

Date submitted: _____

Date project starts: _____

Staff submitting request: _____

Date project ends: _____

Grade level(s): _____

Phone Number: _____

Email: _____

Staff Signature: _____

Principal/Assistant Principal Signature: _____

Itemized list of project cost estimates: _____

(provide attached sheet if needed)

Total cost of the project: _____

Funds received or requested from other organizations and/or fundraising efforts:

Organization/Fundraising effort	Amount
_____	_____
_____	_____

Amount requested from CCSDEF: \$ _____

Number of anticipated volunteers: _____ Estimated volunteer hours: _____

List any other school or community organizations involved in the project:

Number of students participating: _____ Grades benefiting: _____

A detailed project description should be attached to this application form when it is submitted. Do not mark or write below this line.

Distribution of Funds Committee Recommendation:

____ Approve ____ Do not approve ____ Need more information

CCSDEF board action: ____ Approve ____ Deny ____ Date