



Bayfield Community Education Foundation  
PO Box 921 \* Bayfield, WI 54814

### Grant Application

1. Title of Project: \_\_\_\_\_
2. Submitted by: \_\_\_\_\_  
(Name of teacher, group, or individual)
3. Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_
4. Email Address: \_\_\_\_\_ Grant Payable To: \_\_\_\_\_
5. Date: \_\_\_\_\_ \$ Amount Requested: \_\_\_\_\_
6. Describe the project in 300 words or less. (Copy and paste the original website submission.)

7. Include the start and end for your project and any partner contributions to your budget.

#### 8. Signatures

-If applicant is part of the Bayfield School District:

Principal: \_\_\_\_\_

Teacher/Sponsor: \_\_\_\_\_ Or Student Organization Advisor: \_\_\_\_\_

School Superintendent: \_\_\_\_\_

-If applicant is part of a community organization 501(c)(3) or 505(a)(3) EIN #: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Board Resolution Date: \_\_\_\_\_