



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. If necessary, separately include a project outline, calendar, and basis for evaluation.
7. **For initial application:** Describe your budget to the best of your current knowledge. Describe any partner funds. **For Round 2:** Itemize your budget including all expenses. List other partner sources of funding. List any attachments and provide documentation.
8. Please describe what impact this project will have on the educational experience of area students and/or community.

9. 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: _____