



Project Title _____

Discipline _____

Date Received _____

Requestor _____

Signature _____

BISFA Enrichment Grant Program Request Form

Requestor Name _____ Date _____

E-mail _____ Phone _____

Budget Amount Requested _____

Lead Teacher/Department Head Signature _____

Principal Signature _____

Please complete the following:

The funding requesting through this grant will be used to (describe in one or two sentences):

Describe how this grant will enhance the educational experience for your students.

How many students will benefit from this grant?

How will you measure the success of the dollars funded through this grant if awarded?

Provide a detailed description of your **budget** (may be attached)

What other sources of funds are available for this project? For example: Fundraisers, WCPS school based funds, matching money and other donations.

Limit support materials to this grant only. The committee may request additional information if it is deemed necessary to evaluate the grant. If your grant is approved, **you will need to provide receipts and a follow-up report on the grant money.** Failure to do so could result in no funds being awarded for future projects.

For more information, contact Mimi Dickinson at 240-347-4934 ormimid@barbaraingramfoundation.org