



**Altamont Settlement Agreement
Education Advisory Board**

MINI-GRANT APPLICATION

Date: _____ **Amount Requested:** _____

Project Name: _____

Contact Person/Title: _____

Organization Name: _____

Fiscal Agent (Entity check is made out to): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

If you are applying from a school, please provide an alternative address for mailing. (I.e. your home address)

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Number: _____ **Cell Phone:** _____

Email Address: _____

Start & Completion Dates: _____ **Until:** _____

Description of Applicant:

Public School

Public Agency

Private School

Individual

Nonprofit Agency

Other

Project sponsored by a Nonprofit

Agency

PROJECT NARRATIVE

- 1. Describe the project for which you are seeking funding:**

- 2. Describe who will be served (Numbers of people, ages or grade level, special needs, etc.):**

- 3. How will you assess your impact? (For example pounds diverted, number of events held, effectiveness of lessons created, etc.):**

- 4. BUDGET (You may attach a separate sheet or fill out the table below)**

- 5. Please list any "best practices" that apply to your project and describe how you will incorporate them.**

Total Project Budget: _____ **Amount Requested:** _____

Itemized Project Expenses (Include *all* project expenses; indicate those that would be paid for with Altamont funds).

Itemized Expenses	Requesting funding with this proposal	Funded by another source (Identify the source)

Applications must be received by Friday, March 5, 2021. Submit via email your completed application to:

altamonteb@gmail.com

If you are unable to submit via email, please contact Lauren Jenkins at the above email for a mailing address.

A confirmation email will be sent upon receipt of application.