

**DISTRICT 50 SPECIAL AWARD
FUNDING REQUEST**

Program Title: _____

School or Organization: _____

Geographical Area to be served: _____

Contact Person:

Address:

City

State

Zip

Phone Number:

Dollar Amount Requested: _____ Number of students served _____

**Describe the project or program for which you are requesting funds.
Please include dates and length of time if possible.**

The Strategic Plan for Adams County School District 50 emphasizes 3 goals.
Please check which goal will be impacted as a result of this grant.

- Increase Student Achievement**
- Improve Facilities**
- Attract and Retain Effective Workforce**
- Does not relate to strategic goals**

How will this grant impact the strategic goals of the District? _____

Please list all expenditures necessary for this project.

Who will be responsible for the administration of this program?

Will any volunteers be utilized to implement this program?

Will the funding fully support the program?

If not, what other funding resources will be used for the program?

Please explain how the results of this project will be shared with additional classes/school or the district.

The above information is correct to the best of my knowledge. I will provide a report on the use of District 50 Education Foundation funds within 6 months after the funds are received or the project is completed. I also agree to be interviewed by the Board of Directors upon request.

Signature

Date

**Please return completed request to the District 50 Education Foundation
4476 W. 68th Avenue, Westminster, Co 80030**