

# CLASSROOM GRANT APPLICATION



## Delton Kellogg Education An Affiliate of the Barry Community Foundation

Date of Application:

Teacher/Contact Person:

Grade:

School:

Address:

Contact Person & Phone Number:

Principal Name Printed:

Principal Approval for Request: Yes

Amount requested from the  
Foundation:

Total project cost:

**Respond to the following questions. Responses are limited to two-pages.**

1. Briefly summarize the purpose of your request.

2. Please list the objectives of this project and/or program.

3. Please describe what you will measure as an indicator of success.

4. Describe who will benefit from this project?

**PROJECT BUDGET**

Please present a detailed estimate of project costs. If transportation costs are included, please attach evidence of current insurance. If project costs exceed your grant request, indicate the source(s) of other funds. Will this program continue in the future? If so, how will it be funded?

**SUBMIT TO**  
**DELTON KELLOGG EDUCATION FOUNDATION**  
**C/O BARRY COMMUNITY FOUNDATION OFFICE**  
**231 S. BROADWAY**  
**HASTINGS MI 49058**  
**PHONE: 269-945-0526 FAX: 269-945-0826**  
**EMAIL: [DKEF@BARRYCF.ORG](mailto:DKEF@BARRYCF.ORG) WEB: [WWW.DKEF.NET](http://WWW.DKEF.NET)**

*Mission: To organize and utilize the resources of our alumni, friends and business associates to raise fund for the benefit of students in the Delton Kellogg School District.*