



P.O. Box 985 • Craig, Colorado 81626
 www.MoffatCountyEducation.org
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 a 501(c)(3) organization

FMCE FUNDING INITIATIVE GRANT APPLICATION

DATE SUBMITTED:	
SCHOOL NAME:	
GRADE LEVEL(S):	
SUBJECT(S):	
PROJECT TITLE:	
EST. NUMBER OF STUDENTS SERVED:	
AMOUNT REQUESTED:	
ESTIMATED START DATE:	
SUBMITTED BY:	
EMAIL:	
PHONE NUMBER:	

Please provide a narrative, no longer than two pages, answering the following questions.

1. What are the goals, objectives, and measures of success?
2. Who will benefit from this program?
3. What is the duration or timeline for this program?
4. What additional resources will be needed in the future?
5. Will this project need annual funding from FMCE?
6. Provide a detail of materials needed and associated costs?
7. Has approval with this project been received from the necessary school administrator?
8. Explain how the results of this project will be shared with additional classes/schools or the district.

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

Signature

Date

Please return completed request to Friends of Moffat County Education in person, email info@MoffatCountyEducation.org, or by mail, P.O. Box 985; Craig, CO 81626