



P.O. Box 1811, La Crosse, WI 54601  
Telephone: 608-787-0226  
E-mail: david@lacrosseeducationfoundation.org  
Web: www.lacrosseeducationfoundation.org

Revised 8-19-2015

**GRANT APPLICATION COVER SHEET**  
*(see instructions for submission details)*

**Applicants: Please download, complete, and save this form for electronic submission.**

**Please check type of grant being applied for** *(see instructions for grant descriptions):*

- CLASSROOM GRANT
- McGAVOCK FAMILY MUSIC EDUCATION GRANT
- RACHEL GUNDERSEN ARTS & HUMANITIES GRANT
- SWANTZ PROFESSIONAL DEVELOPMENT GRANT
- WISH LIST GRANT

Name of Person Submitting Request: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Subject or Grade: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

School Name: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

School Street Address: \_\_\_\_\_ School ZIP Code: \_\_\_\_\_

Project Title: \_\_\_\_\_

Estimated Number of People to be Served: \_\_\_\_\_ Brief Description of Population Served:

\_\_\_\_\_

Duration of Project: From \_\_\_\_\_ To \_\_\_\_\_

Have you received grant funding in prior years? (If so, indicate which years) \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature** **Date**

**I am aware of this grant application and confirm no other School District of La Crosse funding is available to cover the proposed request. Furthermore, I verify this project supports district, school and curricular goals.**

\_\_\_\_\_  
**Curriculum Supervisor Signature** **Date**

\_\_\_\_\_  
**Building Principal Signature** **Date**

\_\_\_\_\_  
**Tech Services Signature (if needed)** **Date**

**Budget Summary**  
*(Note: If completing in Adobe Reader or Acrobat, the following will auto-complete after completing page 2)*  
Amount Requested: \$ \_\_\_\_\_ Total Project Budget: \$ \_\_\_\_\_

**Overall Budget Detail**

*(Attach any additional or clarifying documentation as needed.)*

<u>Materials/Equipment/Services</u>	<u>Quantity</u>	<u>Supplier</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		TOTAL	\$ _____

**LPEF Request Amount:** \_\_\_\_\_

**Other Sources of Revenue**

*If LPEF is not the only source of revenue for this project, please list the other sources:*

<u>Revenue Source</u>	<u>Amount Proposed/Pending</u>	<u>Amount Approved/Received</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
		TOTAL
		\$ _____

**Mail and E-mail Completed Application to:**  
(or send via inter-school mail)

La Crosse Public Education Foundation  
P.O. Box 1811  
La Crosse, WI 54602-1811  
**Phone: 608-787-0226**  
**E-mail: david@lacrosseeducationfoundation.org**