

# Project Summary Sheet

Biloxi First Small Grant Application

**Note that applicants must complete this form in its entirety or risk disqualification. Do not leave any items blank.**

SUBMITTED BY
PRINCIPAL OF YOUR SCHOOL

SCHOOL NAME
SCHOOL MAILING ADDRESS

# OF STUDENTS IMPACTED
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DATE SUBMITTED
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SUBMISSION DEADLINE
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TITLE OF YOUR PROPOSAL
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BRIEF DESCRIPTION OF PROJECT (USE ONLY THE SPACE PROVIDED BELOW)

Grade level and/or subject area	
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	Proposed Budget	
Type of Expense		Amount
1. _____		\$ _____ .
2. _____		\$ _____ .
3. _____		\$ _____ .
4. _____		\$ _____ .
5. _____		\$ _____ .
6. _____		\$ _____ .
Total Expenses (sum lines 1-6)		\$ _____ .
Deduct matching funds from other sources (\$ _____ )		\$ _____ .
<b>Total Requested from Biloxi First</b>		<b>\$ _____ .</b>

*I have followed the directions/criteria in preparing my proposal and agree to meet the requirements of the Biloxi First Small Grant Proposal.*

TEACHER'S SIGNATURE and DATE
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➔ *Your proposal must bear the signature of your school principal and superintendent to be considered.*

PRINCIPAL'S SIGNATURE and DATE
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SUPERINTENDENT'S SIGNATURE and DATE
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