

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	SCHOOL NAME
PRINCIPAL OF YOUR SCHOOL	SCHOOL MAILING ADDRESS
SCHOOL PHONE NUMBER	Biloxi, Mississippi ZIP Code:

# OF STUDENTS IMPACTED	DATE SUBMITTED	SUBMISSION DEADLINE
TITLE OF YOUR PROPOSAL		

BRIEF DESCRIPTION OF PROJECT (USE ONLY THE SPACE PROVIDED BELOW)

Grade level and/or subject area

Is training required for implementation of this project? YES NO

	PROPOSED BUDGET	
Type of Expense		Amount
1. _____	\$	_____.
2. _____	\$	_____.
3. _____	\$	_____.
4. _____	\$	_____.
5. _____	\$	_____.
6. _____	\$	_____.
Total Expenses (sum lines 1-6)	\$	_____.
Deduct matching funds from other sources	(\$	_____.)
Total Requested from Biloxi First	\$	_____.

Your proposal must bear the signature of your school principal and superintendent to be considered.

PRINCIPAL'S SIGNATURE and DATE

SUPERINTENDENT'S SIGNATURE and DATE