

Send completed proposal forms to:
Traci Skalberg, Kneale Administration Building
123 South Webb Road, P.O. Box 4904
Grand Island, NE 68802

Application

Date: _____

Grant Title: _____

Grant Purpose (one or two sentences): _____

Applicant Name: _____

School Building: _____

Grade Level of Impacted Students: _____

Number of Students Impacted: _____

Amount of Proposed Grant: _____

When do you need the funds? _____

Has this project been funded before? If so, when, how much, and by whom? _____

In order for this project to be funded, do you need seed money to start raising funds? If so, how much? _____

Are there of ther scholarships or funding opportunities that might fulfill this need? If yes, have these sources been

solicited for aid? Please explain. _____

Will individual students contribute to the project? _____

Have you received grant dollars from the GIPS Foundation in the past? If so, when and how much? _____

**Clark W. Reese Memorial
 Endowed Fund**

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Total Project Budget _____

Type of Funding	Name of Source	Amount Requested
Grant	GIPS Foundation	
Other Sources		
Total		

Itemized Budget

Budget Category	Description	Amount
Personnel		
Travel		
Supplies		
Other (Name Item)		
	TOTAL	