



# GNHW Grant Application

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please answer each of the following questions. Attach any additional information if necessary.

1. What are you requesting with the funds? Include pricing and vendors...

2. What are you trying to accomplish with the Grant? These can be objectives related to your curriculum.

3. How will the Grant impact the curriculum and the students accomplishing the curriculum? How will you measure your success? How many students will be impacted by this grant?

4. If approved, what date will you need the grant?

5. Total funds requested...

Please submit completed applications to: Foote302@gmail.com

OR mail to: David Foote, Grants Coordinator • 302 Pond Hill Rd. • Barrington, NH • 03825