Mini-Grant Application

Staff Name(s)*			
Address*	Street Address		
	Street Address Line 2		
	City	Region	
	Postal / Zip Code	Country	
Email*	•		
School Phone*	### ### ####		
Home or Cell Phone*	### ### ####		
Project Title*			
Number of Staff and/or Volunteers Involved *			
Number of Students Involved*			
Requested Amount*	USD 0		
I have participated in the following Oscoda Educational Opportunity Foundation activities this year or last year.*	Mini-GrantsFundraising for OEOFScholarship Application ProNone	cess	
Principal and Technology Di	rector Support/Recommendation		
Recommendation From Your Building Principal Supporting Grant Proposal*	Choose files or drag here		

If this request pertains to ANY type of Technology. Recommendation From Technology Director Supporting Grant Proposal

Choose files or drag here

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Proposal Request	
Project Description* Describe the proposed project and state the purpose of the project. Include how this project will impact students, staff and the instructional program.	
Project Goals* Describe the skills you expect your students to develop and/or knowledge you expect them to acquire as a result of this project.	Б
Project Costs* Please detail your budget request. Include specific information such as types of	Choose files or drag here
materials and/or equipment needed and sources of supply and approximate costs. List all anticipated costs and all revenue sources. If the total project budget is greater than requested or allowed, please list other sources of funding, such as matching funds, in kind donations, or community resources.	
Total Funds Requested from Oscoda Education	USD 0.00
Opportunity Foundation*	
School Improvement and/or Curriculum Goals* Describe how this project fits with either	
the Core Content Curriculum or your Building/District School Improvement Goals/Strategies	

Project Creativity Describe the innove and/or creative ask of this project.	rative	•
Will you be able utilize any of the items purchased subsequent academic years?	e d in	
Electronic signat	ture*	
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