

Duneland Education Foundation, Inc.

ACORN GRANT
General Information Page

Project Name: _____

Beginning Date: _____ Ending Date: _____

Proposer's Name: _____

Home Address: _____ City: _____

State: _____ Zip: _____

School Name: _____ School Telephone Number: _____

Principal: _____ City: _____

State: _____ Zip: _____

Telephone Number: _____ Email Address: _____

Amount of Money Requested: \$_____ Matching Funds, if any: \$_____

I understand acceptance of any grant money entitles the Duneland Education Foundation to list the grant, along with my name, on the "Seeds for Excellence" grant list and to use any submitted photos for the promotional purposes. Dependent upon the grant recipient, all purchases become the property of the Duneland School Corporation or St. Patrick School.

Signed: _____ Date: _____

Please attach your proposal to this page.