



Cannon Falls Education Foundation

Funding Request Form

Request Date:

Deadline: Submit **fully signed** request by the 10th of the month to be reviewed at the current month CFEF board meeting

Primary Requestor: _____	Email: _____
Other Requestors: _____	
Project Title: _____	
Grade Level(s) Involved: _____	Total Number of students this will impact: _____
Start Date: _____	Total Cost of Project: \$ _____
Completion Date: _____	Amount Requested of CFEF: \$ _____

List below any project costs being covered by other sources:

Other grants: \$ _____	School District: \$ _____	Student Responsibility: \$ _____
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Project Description*:

***Notes:**

- Provide a detailed description that will allow the CFEF to understand what the request is for and the expected outcomes.
- Attach any supporting material or information that will be helpful for the CFEF Board to make a decision on your request.
- **Field trips must be an approved district activity**
- **Funds must be dispersed by CFEF by the end of the foundation's fiscal year (June 30)**

Requestor Comments:

Requester Signature: _____

Technology Projects need to be reviewed and approved by the district Technology Director:

Technology Director Signature (as necessary): _____

Principal Comments:

Principal Signature: _____

Principal Comments:

Principal Signature: _____

CFEF Use Only

_____ Denied

_____ Approved

Funded Amount: \$ _____

CFEF Notes: