



TCS D
FOUNDATION

GRANT APPLICATION FORM

This Grant Application Form can be downloaded to your computer, completed and printed.

Date of Request: _____

Grade Levels and Number of Students to Benefit: _____

Description of Project/Item: _____

Primary Objective or Use of Project/Item: _____

What outcomes do you expect to accomplish and how will you measure them: _____

Funding Needed for Implementation:
Provided by TCS D Foundation

Provided by Other Sources

If your project is not fully or partially funded by TCS D Foundation, do you anticipate completing the project, and, if so, how?

Time Schedule for Project/Item: _____

Detailed Budget (*attach page if necessary*):

Project Applicant:

Name: _____ Email: _____

Phone: _____ Alternate Phone: _____

School/Organization _____

Affiliation _____

Additional Comments: _____

Please mail completed form and any supporting documents to:

Jennifer Wofford
54 Cayuga Street
Trumansburg, NY 14886
woffordj@gmail.com

Deadlines for grant requests: November 30 - Fall Grants and May 31 - Spring Grants.