SouthWest Metro
Educational Foundation

GRANT APPLICATION FORM

Grant Application Cover Sheet

Date of application: 5-19-16

Organization Information

Oasis (current address)
Name of Program

100 Hope Ave, Jordan, MN 55352
Address *City, State, Zip*

952-492-8491 952-492-3880
Phone *Fax*

Renae Jelle Sp. Ed teacher rjelle@swmetro.k12.mn.us
Name of contact person regarding this application *Title* *Phone* *E-mail*
952-492-8491

Proposal Information

Please give a 2-3 sentence summary of request: I would like to update our program reading library for our 6-12 grade students. We have daily silent reading, and many are enthusiastic readers. We need a new selection.

Population served: Level 4 EBD Geographic area served: all of SWMetro

Funds are being requested for (check one):

____ Project/program support ✓ Purchase of Material

Project dates (if applicable): _____

Budget

Dollar amount requested: $ 250.00

Total project budget: $ 250.00

Authorization

Name and title of Program Director/Manager:

Signature Merri Miller