Rapid Access Fund \$75 or less Cobleskill-Richmondville Education Foundation

Name of Applicant(s).					
Date application subm	ittedApı	oropriate Building Princi	pal(s)	-	
Department(s), or pro	gram, or Grade level(s)_				
Project Title:					
Rapid Access Funding	s being sought for wha	t type of project? (Circle	all that apply)		
Faculty/Staff Developr Enhance student oppo	•	utreach Travel Equip	Curriculum developme oment Conference ell-being Physical develo	Student enrichment	
Answer each of the fol	lowing questions:				
Rapid Access Grant.			quipment/supplies that w		
What student group students to be served.		s program/project? Incl	ude grade level(s) or activi	ty title(s) and number o	
	te the effectiveness of t		v you will measure attainm	nent of project goals).	
Budget Summary:	Description	Unit Cost	Total Cost		
Supplies/Materials	Description	OTHE COSE	Total Cost		
Equipment					
Other					
Total funding from the	Foundation \$		l		
Signature of applicant			Date		
REVIEWED AND RECO	MMENDED FOR APPRO	 DVAL			

Signature & Date
Chairperson Grant/Scholarship Committee