

Grant Request Application Form



To be filled out by Requester

1. Requests that do not INCLUDE this FULLY COMPLETED form will not be considered!
2. Complete application and submit to Lifelong Music in O'Fallon Schools. Grant request submission deadlines are the first day of October, December, March, and May. Allow the LMOS board one month for review and decision. If school district approval is needed, submit signed approval from appropriate persons with request form. Questions may be directed to Info@LifelongMusicOFallon.org
3. If grant monies are to be used for digital or physical items or equipment, the items belong to the school district, not to the individual requesting the grant. Physical items will be tagged as donated/funded by Lifelong Music in O'Fallon Schools.
4. Grantor must provide Lifelong Music in O'Fallon Schools proof of students benefitting from grant monies within six months of grant distribution and prior to submission of additional grant requests.
5. Include estimate/quote from supplier for any digital or physical items or equipment.

The goal of Lifelong Music in O'Fallon Schools grant program is to provide financial assistance for the O'Fallon public school band and choir programs with emphasis on grades 5-8. Projects must comply with the organization's mission statement which can be found on www.LifelongMusicOFallon.org. Grant monies are to be used to enhance music education where not available from local, state or federal programs, resources, or tax dollars.

Funds will be submitted to the appropriate school for disbursement for the approved project.

Individual or Organization Requesting Grant (Please Print):

Name / Title _____

Address _____

Phone _____ Email _____

Project _____ Number of students who will benefit _____

Requested Amount _____ Total Project Budget _____ Date Needed _____

School or Location where project will be implemented _____

Itemize how money will be spent:

What has been done prior to this request to fundraise for the project?

Provide a summary description of the program, activity, etc. for which your request is being made. Include how students will benefit:

(Signature of applicant or group representative)

(Signature of Principal or Administrator)

(Printed Name / Date)

(Printed Name / Date)

For Committee Use Only

Approved / Rejected Action Date _____ Check # _____ Disbursal Date _____

Members present _____