

# East Palo Alto Kids Foundation Enrichment Grant Application

Mail completed application postmarked no later than October 10, 2007 to  
EPAK, P.O. Box 50542, Palo Alto, CA 94303

Receipts Submittal Deadline\*: December 31, 2007

\*must be met to apply for future grants

## Requestor Information

FirstName \_\_\_\_\_ LastName \_\_\_\_\_

Home address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

## Professional Information

School or Organization \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Grade Level \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## Application for Funds

Amount requested (up to \$500) \_\_\_\_\_

The purpose of this grant is for:

Literacy  Math, Science, Technology  Art or Music

Other: \_\_\_\_\_

How many children will benefit? \_\_\_\_\_ Is this the entire cost of the project? \_\_\_\_\_

**Attach a project description and itemized proposed budget using form on next page.**

## Certification and Agreement

I certify that I am directly responsible for the application for and use of these funds. If I am awarded this grant, I agree that I will

1. Use these funds for the purpose I have stated.
2. Request permission in writing before making any changes.
3. Send original receipts to EPAK for the expenditures made with these funds.
4. Return unused funds to EPAK or request in writing before using them.
5. Leave any books, equipment and materials purchased with these funds with my school or institution if I leave so that the children will continue to have the benefit of this grant.
6. Not apply again until all receipts from prior projects have been sent in.

## Disclosure

EPAK is required to keep records of your relationship to EPAK board members, officers, or donors EPAK in order to maintain its tax-exempt status.

Please check one:

I am related to \_\_\_\_\_ in this way: \_\_\_\_\_.

I am an EPAK board member.

I am not related to any EPAK board members, officers, or donors.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal or Director \_\_\_\_\_

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**PROJECT DESCRIPTION AND BUDGET ATTACHMENT**

Teacher's Name: \_\_\_\_\_

Affiliated School or Organization: \_\_\_\_\_

Project Description/Educational Objective(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Budget (must support your project description and educational objectives):  
 Example: SF Zoo, Child Tickets, 30, \$5.00, \$150.00

Vendor	Item	Quantity	Cost per Item	Sub-Total
<b>Total:</b>				

NOTE: Please include tax and shipping charges if they apply. EPAK does not fund food, furniture, clothing, or salaries.