



Logan-Rogersville Educational Foundation, Inc.

Grant Funding Application

Return to Holly Burtrum, LR Central Office, hburtrum@logrog.net

Organization Name: _____

Contact Person: _____

Address: _____

Telephone: _____ Email: _____

Description of Need Problem: _____

Description of Project's Primary Goal and Expectation of Project Impact: _____

Project Budget:

Description	Project Itemized Expenses	External Grant Funding	LR School District Funding	LREF Requested Funds
Totals	\$	\$	\$	\$

Applicant Signature (required) : _____ Administrator Signature: _____

___ Will you accept partial funding?

___ We confirm there are no moneys available from the Logan-Rogersville R-8 School District to fund this project.

Date Completed: _____

Deadline: October 31