



EXCELLENCE FUND GRANT REQUEST

509 South Dubuque Street, Iowa City, IA 52240

Phone: 319-688-1012/Fax: 319-688-1013/www.iccsdfoundation.org

Date:

Part A: General Information

Name of project:

Requesting organization/individual:

School or Mailing Address:

Phone and E-Mail:

Name of person who will account for expenditure of funds:

Administrative approval: _____
Building Principal or District Administrator Signature

Curricular Area Coordinator Signature

Part B: Project Information

Project description:

Needs and benefits to be derived:

Number and age group of students to be served:

Evaluation plan:

Please mention the **Iowa City Community School District Foundation** in any publicity concerning your project.

