

# GALWAY COMMUNITY EDUCATION FOUNDATION GRANT APPLICATION

## Mission Statement

*The Galway Community Education Foundation, a volunteer not for profit organization, supports the Galway Central School District and Community by raising funds and distributing resources via grants. In the case of the School District, the funds are distributed only for projects outside the realm of the daily operational needs and must show "educational enrichment".*

The Galway Community Education Foundation (GCEF) awards grants throughout the year to various community organizations. If interested, please complete the following and submit it for approval as indicated below. Following review by the Foundation, you will be informed of the status of your request. For questions, please contact Terry Ostrander at [tbigter@aol.com](mailto:tbigter@aol.com) or any member of the Foundation.

Name of Community Organization/Department:	
Contact Person:	Date:
Email Address:	Phone #:
Description of Project/Activity that Funds are Needed for:	
Dollar Amount Requested:	Timeframe that Funds are Needed By:
Itemized Project/Activity Cost:	
# of those who will Benefit from this Project/Activity (short and long term):	
Schedule for Completion of Project/Activity:	

By submitting this application and signing below, the applicant hereby gives assurance that:

- This project/activity will be administered by or under the supervision of the applicant.
- Funds received will be used in accordance with this request.
- Periodic written reports concerning the use of grant funds will be submitted to the GCED.
- A final written report/accounting of fund use will be submitted within 30 days of completion.
- The applicant recognizes that the Foundation reserves the right to withhold or recover grant funds should funds be misused or appear to be misused.
- Any and all publicity associated with this project/activity will indicate that funding was provided by the GCEF.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

### SUBMIT TO:

TERRY OSTRANDER, C/O THE GALWAY COMMUNITY EDUCATION FOUNDATION, 41 WESTERN AVENUE, AMSTERDAM NY 12010