

**EAST ROCHESTER ALUMNI FOUNDATION  
GRANT PROPOSAL FORM**

**Project Name:**\_\_\_\_\_

**General Description:**\_\_\_\_\_

**Name and address of contact person:**\_\_\_\_\_

**School Phone:**\_\_\_\_\_

**Home Phone:**\_\_\_\_\_

**Fund Amount Requested:**\_\_\_\_\_

**Date Funding Needed:**\_\_\_\_\_

**Please describe your project (write here or attach description)**

**Please submit as detailed a budget as possible as to how the grant will be spent.**

**Your summary should include all of the following that are applicable:**

**Materials**

**Equipment**

**Consultant expenses**

**Other sources of funding (if applicable):**

**Additional information in support of your application:**

**Date:**\_\_\_\_\_ **Signature:**\_\_\_\_\_

**Mail/fax to: East Rochester Alumni Foundation  
c/o Office of the Superintendent of Schools  
222 Woodbine Ave.  
East Rochester, New York 14445  
Fax: 585-586-3254**