

Outline the expenses of this project. Complete all expense categories pertaining to the project request.

Materials: List Individually

Expense

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Transportation Expense:

Number of buses _____

Total Expense _____

OR

Mileage _____

Total Fuel Expense _____

Artist in Residence Expense:

Number of hours/days _____

Total Expense _____

Printing Expenses:

Item(s) printed _____

Number printed _____

Total Expense _____

Other Expenses: (please list)

Grand Total of Expenses: _____

Other information that will help CHARAC understand the need for your request:

How will the success of the project be measured?

Signature of Applicant: _____

Date: _____

Signature of School Administrator: _____

Administrator's Email Address: _____

Administrator's School Phone Number: _____

Date: _____

Please submit your grant to:
CHARAC
PO Box 182
Cable, WI 54821

Grant requests are due before Oct. 31, 2013