



“STEP UP” Grant Form
THE BINKY FOUNDATION
P.O. Box 2807 New York NY 10163

SCHOOL GRANT PROJECT FORM

Project Title: _____ Date: _____

School: _____ School Phone: _____

School Address: _____
Street City Zip

Contact Person (teacher or advisor): _____

Requested funding amount: _____
(Not to exceed \$500)

Team Leader(s): _____ Grade Level: _____
First Last
_____ Grade Level: _____
First Last

(Funding amount requested is on a per project basis and not per student involved)

1. Project description: (No more than a paragraph)

2. Use of Funds:

3. Project Goal(s):

Signature of student team leader

Signature of teacher or advisor*

**By signing above you are acknowledging that all necessary consents, including parental consents, have been obtained, and that the project funds will be used in a timely manner solely for the project described above.*

For Administrative use only

Reviewed by: _____ Date: _____

Comments: _____
