

Name of Grant: \_\_\_\_\_

Type of Grant:  Individual (single classroom)  Team (grade level/department)  School-wide

### JLJ Focus Areas of Critical Needs:

Please select which focus area is addressed in the application.

Early Literacy

Children's Health

Social Development

### Budget Request

The name of the school or the teacher should not appear on this page.  
Listing this information will result in disqualification of funding consideration.

**Breakdown of Expenditures:** List each item separately. Include catalog number, supplier name, and cost, where applicable. Be sure to include any shipping and handling charges. Include supplemental documentation, such as a copy of catalog description, if applicable. **Please list only vendors who are in Marathon, or those who agree to be added as a vendor. Each vendor must be listed on a separate sheet.**

Vendor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Line #	Qty.	Unit	Item	Description	Unit Price	Total
Shipping and handling (per vendor)						
Page total/Amount requested per vendor: \$						
<b>Total Budget requested: \$</b>						