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: $		
				Total Budget requested: $		