

E-Team Mini-Grant Application

Teachers Name: _____ Grade: _____ Date: _____

School: _____ Address: _____

City: _____, Ohio Zip: _____

Phone Number: _____ E-mail: _____

Best time and method to reach you. _____

Subject area of project: _____

Grant Amount Requested \$ _____ (Maximum award \$500)

**After completion of this form mail to Geauga-Trumbull Solid Waste Management District, 5138 Enterprise Blvd., Warren, Ohio, 44481 Attention: Holly Carine
Or fax to 330-675-2672.**

What are the objectives of the project?

How will you carryout your project. List and describe key steps.

What is your project outcome?

How many students will be involved in your project? How will they be involved?

What educators, school personnel or contracted services are involved in your project?

If permission or approval of the project is necessary, how will it be obtained?

Please tell us how you will evaluate your project.

Please present your budget below. Itemize how your funds will be spent.

Teacher's Signature: _____

Principal's Signature: _____