#ClaimAClassroom

THERE IS NO COVER SHEET ASSOCIATED WITH THIS GRANT. PLEASE RETURN THE COMPLETED FORM VIA COURIER TO THE BAY EDUCATION FOUNDATION, NELSON BLDG.

The purpose of this grant is to replace items that teachers personally purchased for their classrooms that were destroyed or lost during Hurricane Michael. Items purchased by your school will not be replaced via #ClaimAClassroom.

Teacher Name: _____ **School:** _____

Email: _____ **Phone:** _____

Please give a brief description of how the storm that impacted your classroom/belongings.

How will replacing these items help you recover from the storm?

Please provide an itemized, detailed list of instructional items you would like to replace with an estimated cost for replacement.

Items to Replace	Estimated Replacement Cost
Total Amount Requested:	

I, _____, do hereby certify that the facts presented in this application are true and that my Principal has approved and agrees to support this project. All applicable BDS policies for fiscal control and records maintenance will be implemented to ensure proper accountability for funds distributed for this project.

Teacher Signature: _____

I have read and approve this project.

Principal's Printed Name: _____ **Principal's Signature:** _____