

CCWD Water Education Mini-grant Application

Application can be duplicated as needed.

Name: _____ Date: _____

School: _____ School Phone: _____

School Address: _____

Subject(s) taught: _____ Grade level: _____

Project title: _____

Description of project / support activities:

Project objectives:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Benefit to students and others:

Budget: (Please list projected expenses in detail)

Item	Projected Cost	Item	Projected Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total amount requested: _____

Teacher's signature: _____ Date: _____

Principal's signature: _____ Date: _____

Mail this application to:
M. Hook
Contra Costa Water District
PO Box H2O
Concord, CA 94524