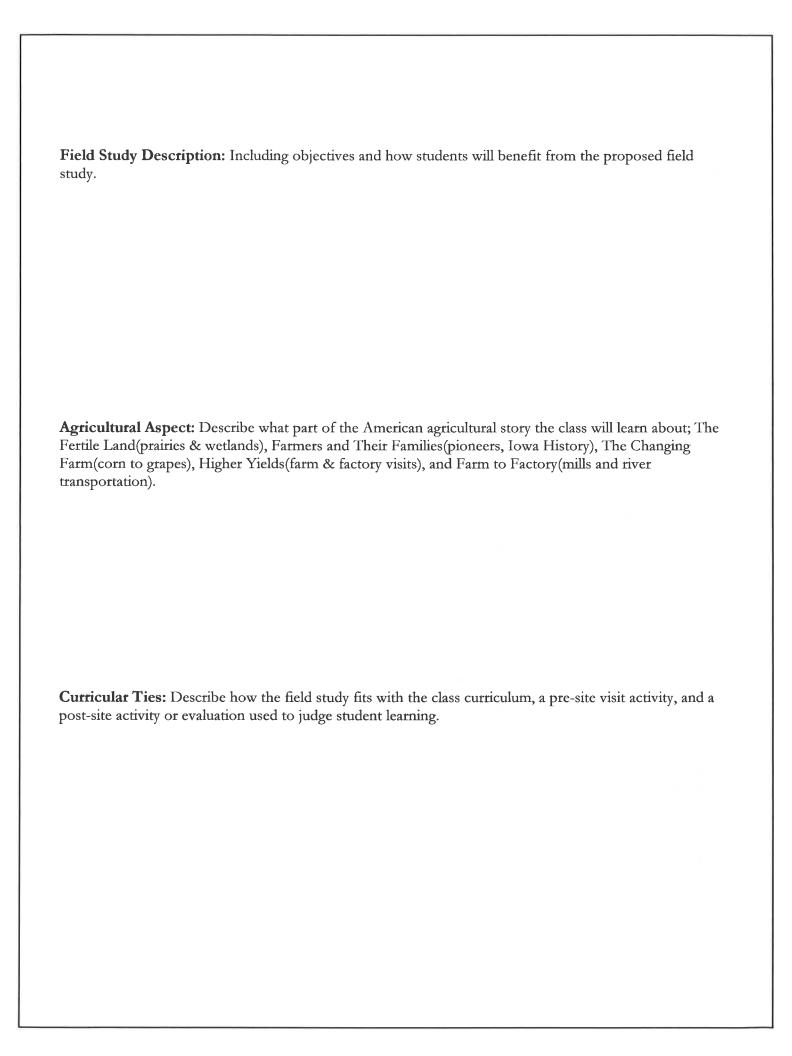


Silos & Smokestacks National Heritage Area Bus Grant Application

http://www.silosandsmokestacks.org/educate/bus-grants/

| GENERAL INFORMATION | | | | |
|--|----------------------------|-----------------|---------|--------------|
| School Name: | | | | |
| Level of School (circle one): Elementary | Middle /Jr. High | Secondary | K-12 | PreK |
| School Address: | | | | |
| City/State/Zip: | | | | |
| Phone: | | | | |
| Fax: | | | | |
| Contact Person First Name: | | | | |
| Last Name: | | | | |
| Job Title: | | | | |
| Email Address: | | | | |
| How did you hear about the SSNHA Bus | Grants? □ Newslette | er 🗆 Website | □ Work | shop Other |
| Would you like to receive the SSNHA Edu Heritage Area? ☐ Yes ☐ No | cation e-News that | features new | program | s in the |
| FIELD STUDY INFORMATION | | | | |
| Name of field study trip or unit of study: | | | | |
| Field study trip destination (must be a SSNH | IA partner site or farm le | ocated with SSN | HA): | |
| Field study trip date: | | | | |
| Agriculture Field Study Subject: | | | | |
| # of students participating: | | | | |
| # of staff/volunteers participating: | | | | |



USE OF FUNDS

Transportation costs may include time, miles, driver wages, and/or fuel costs. You must attach a written cost estimate of transportation expenses. (Please indicate if there is more than one bus.)

Note: This estimate should be obtained from an authorized individual of the district's transportation department or from the contracted transportation department for the school district.

Total expected transportation cost:

Amount requested from Silos & Smokestacks (must not exceed \$350):

Where you plan to request 25% match:

VERIFICATION & CERTIFICATION

The following school administrator (principal or superintendent) is aware and supports this application for a SSNHA Bus Grant. If I am selected to receive a grant, this individual is prepared to provide verification of my eligibility and need for the grant.

| grant. | | | 1 1 | , | , | 5 5 | O | J |
|--------|-----------------------|-----------------------|------|---|---|-----|---|---|
| Princ | ipal or Superintender | nt's Name (please pri | nt): | | | | | |

School Name:

Phone:

Email Address:

Principal or Superintendent's Signature:

Please read the following and sign below. Your signature certifies that you agree to the terms stated below. If selected to receive a SSNHA Bus Grant, I will be willing to complete and return a follow-up survey that will allow you to comment on the process of the SSNHA Bus Grants. I certify that the information in this application is correct to the best of my knowledge. I understand that the SSNHA Bus Grant must be used to cover transportation costs only. If I am selected to be a recipient, I give permission to SSNHA to use my name and information regarding the field study for publicity purposes.

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|-----|-------|-------|-------|--------|
| An | nlica | nt'e | CION | ature: |
| 110 | риса | MIL O | OIGIL | aturc. |

Date: