

Canton Alliance for Public Education, Inc.  
P.O. Box 482, Canton, MA 02021  
Internet: www.CantonEducation.org  
Email: info@CantonEducation.org



**Grant Funding Request**

7/1/08-6/30/09 (Final submission due by 9/30/09)

Grant Name: \_\_\_\_\_

Amount of this Request: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Please pay to: (Check one that applies)

- Direct pay to vendor. See attached invoice.
- Reimbursement of expenses for attached invoice or receipt.

Please make check payable to: \_\_\_\_\_

- Request for 50% of Stipend. (Note: Stipend paid twice per year – December and June)

If amounts will be over \$600 annually, please provide your Social Security Number for issuing a 1099:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**By my signature, I verify payment to be true based on the approved grant:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

- Please check box if the project is complete and this is the final funding request.

Please mail all requests to:

Melissa Healey  
26 Oakdale Road  
Canton, MA 02021

Note: Checks will be mailed to you at school. If you would prefer that they be sent to your home, please put your mailing address below.

**CAPE Use Only:**

Total Funding Approved: \$ \_\_\_\_\_

Less:

Amount of this request \$ \_\_\_\_\_

Total previously requested \$ \_\_\_\_\_

Grant funds remaining \$ \_\_\_\_\_