



**HELENA
EDUCATION
FOUNDATION**

Great Ideas Grants

Project Title We Get Around

Please include signatures of all applicants who will be responsible for planning and implementation of this grant. Add additional lines if needed.

Print Name / School Mike Burk - CHS Signature *Mike Burk*

Print Name / School Ellie Fjeseth - CHS Signature *Ellie F*

Print Name / School _____ Signature _____



Great Ideas Grants

Applicant Name Mike Burk
School Capital H.S. Subject/Grade 11-12

Signature Form

I UNDERSTAND and AGREE TO THE FOLLOWING:

- This project does not displace, replace or supplant programs funded through the District.
- Funds must be used within one year from date of award unless prior approval is obtained from HEF.
- HEF will not reimburse any costs of the project above the grant award nor pay for those costs/items not included in the proposed budget.
- I will submit a written evaluation, project findings and budget summary within one month of completion of the project.
- HEF has the right to use this project, if funded, for public information purposes or to help other educators.

Applicant Signature Mike Burk Date 9-30-25

SCHOOL PRINCIPAL I have reviewed & approved this application.	<input checked="" type="checkbox"/>
Principal Signature <u>[Signature]</u>	Date <u>9/30/25</u>

Projects which require any facilities adjustment (wiring, irrigation, leveling) or technological support (software security agreement, device maintenance) require the additional signature of either the Facilities Director or the Director of Educational Technology.

Facilities Director _____ Date _____

Educational Technology Director _____ Date _____