

For Office Use Only

Date Received: _____

Application #: _____



Cleburne Education Foundation

2019 Campus Grant

Name of Applicant:

Phone Number:

Email Address:

Campus:

Project Title:

Amount Requested:

Number of Students Impacted:

In 2-3 sentences, give a brief summary of your project. *(This page will not be seen by the Grant Committee. It is for office use only.)*

I understand that these funds are awarded to support my work in CISD and to my knowledge at this time, I plan to be in CISD for the 2019-20 school year. I also understand that all items purchased with grant funds from the CEF become the property of CISD and must remain on a CISD campus.

By entering your name in the box below, you are effectively providing your signature, indicating that all of the information on this form is true and accurate, to the best of your knowledge.

Signature:

Date:

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2019 Campus Grant

Project Title:

Number of Students Impacted:

One-Time Activity or On-Going Project:

Total Amount Requested:

Project Description: *(Be very specific in your description. State the need for the grant and how your target audience will benefit. Please use your own words and do not copy and paste promotional/vendor descriptions. Refer to research and evaluative studies if relevant. Include current learning gaps and how your grant will help minimize that gap and lead to success for your students.)* 40 points

Grant Deadline: August 5, 2019

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Describe what makes your request unique: *(How is your project/idea creative? How will the project provide enhanced learning opportunities for your students? How will you incorporate this project into your campus in a new and innovative way to engage students?)* 30 points

Grant Deadline: August 5, 2019

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2019 Innovative Grant

What are your goals for this project? *(What do you hope to accomplish if your grant is funded? How do your goals align with specific learning outcomes? Do your goals align with district initiatives?)* 15 points

How will you evaluate the success of your project? *(How will you measure success? What student evaluation methods will be used to determine enhanced student achievement and engagement?)* 15 points

Grant Deadline: August 5, 2019



Cleburne Education Foundation

2019 Campus Grant Budget

Project Budget: In the budget below, choose the category for your project. Your request may fall into more than one category. **VENDOR NAME IS REQUIRED!** Please provide as much contact information for the vendor as possible: Name of Vendor, Contact Name, Address, Phone Number, Website. Be sure to include shipping costs if applicable.

| Categories | Item | Vendor | Quantity | Unit Cost | Total Cost |
|----------------------|------|--------|----------|-----------|------------|
| Supplies & Materials | | | | | |
| | | | | | |
| Contract Services | | | | | |
| | | | | | |
| Equipment | | | | | |
| | | | | | |
| Shipping | | | | | |
| | | | | | |
| Total | | | | | |

Additional funding will be provided by: