

For Office Use Only

Date Received: \_\_\_\_\_

Application #: \_\_\_\_\_



**Clebune Education Foundation**

## **2021-22 Mini Grant**

Name of Applicant:

Phone Number:

Email Address:

Grade/Subject:

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 2021-22 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:

*I understand that in order for my application to be considered, I must have approval from my campus principal. Please make sure you visit with your principal in a timely manner in case any changes are required by them before you receive approval.*

*Dear Principal: By entering your name in the box below, you are effectively providing your signature which indicates your approval of this request. Your signature indicates that all of the information on this form is true and accurate, to the best of your knowledge.*

Signature:

Date:

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**Clebune Education Foundation**

## **2021-22 Mini Grant**

Project Title:

Number of Students Impacted:

One-Time Activity or On-Going Project:

Total Amount Requested:

Project Description: *Be very descriptive in your explanation of requested items/program and how it will benefit students. Please use your own words and do not copy and paste promotional/vendor descriptions. 50 points*

**Grant Deadline: September 15, 2021**



**Clebune Education Foundation**

## **2021-22 Mini Grant**

*Project Objectives: What specific need(s) does this project address? What do you expect to accomplish if the project is funded? How will your students benefit? 30 points*

*Project Evaluation: How will you measure your project's success? 20 Points*

**Grant Deadline: September 15, 2021**



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## 2022-22 Mini 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. **10 Points**

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

Additional funding will be provided by: