For Office Use Only	
Date Received:	Application #:



	Cleburne Education Foundation	
	2023-24 Mini Grant	
Name of Applicant:		
Phone Number:	Email Address:	
Grade/Subject:	Campus:	
Project Title:		
Amount Requested:	Number of Students Impac	cted:
In 2-3 sentences, give a brief s It is for office use only.)	summary of your project. (This page will not be seen by	the Grant Committee.
	varded to support my work in CISD and to my knowledge at this ti nderstand that all items purchased with grant funds from CE. mpus.	
By entering your name in the box belo is true and accurate, to the best of you	ow, you are effectively providing your signature, indicating that all of ur knowledge.	f the information on this form
Signature:		Date:
	ication to be considered, I must have approval from my campus prin manner in case any changes are required by them before you rece	
	e in the box below, you are effectively providing your signature whic es that all of the information on this form is true and accurate, to the	
Signature:		Date:

For Office Use Only	
Date Received:	Application #:



Project Title:
Number of Students Impacted:
One-Time Activity or On-Going Project:
Total Amount Requested:

Subject Taught:

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. 40 points

Grant Deadline: September 14, 2023



2023-24 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

The final 10 points of the application is based on the scorer's analysis of the overall application. Examples include good writing skills and grammar; author's enthusiasm for project; strength of ideas presented and all required information included on budget.

Grant Deadline: September 14, 2023



2023-24 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.

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

Additional funding will be provided by: