

For Office Use Only

Date Received: _____

Application #: _____



Clebune Education Foundation

2024-25 Impact Grant

Name of Applicant:

Phone Number:

Email Address:

Campus:

Grade/Subject:

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 2024-25 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 you have read the application and all of the information on this form is true and accurate, to the best of your knowledge.

Signature:

Date:

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2024-25 Impact Grant

Project Title:

Grade/subject:

Number of Students Impacted:

One-Time Activity or On-Going Project:

Total Amount Requested:

Project Description: *(Be very specific in your description. Describe your requested item(s)/program in great detail. State the need for the grant and how your students will benefit. Please use your own words and do not copy and paste promotional/vendor descriptions. Refer to research and evaluative studies if relevant.)* 40 points

Grant Deadline: Tuesday, January 16, 2024

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Describe what makes your grant impactful: *(How will you incorporate this project into your classroom in a new and impactful way to engage your students? Provide the reader with an insight into your classroom! How is your project/idea creative? How will the project provide enhanced learning opportunities for your students?)* 25 points

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What are your goals for this project? *(What do you hope to accomplish if your grant is funded? How will your request lead to success for your students? Do your goals align with district initiatives?)* 15 points

How will you evaluate the success of your project? *(Explain qualitative and/or quantitative measures? How will you determine increased student achievement?)* 10 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.

Grant Deadline: Tuesday, January 16, 2024



Cleburne Education Foundation

2024-25 Impact 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:

Please feel free to attach additional information! For example, you can use a spreadsheet or shopping list to make your budget easier to read. Thank you!