

***Cape Elizabeth Education Foundation***  
Fostering Innovation and excellence in Cape Elizabeth Schools

**Classroom and Professional Development Grant Application**

Project title and curriculum area(s) : \_\_\_\_\_

School/Organization: \_\_\_\_\_ Total funding requested from CEEF: \_\_\_\_\_

How many educators or students will be directly involved in the project?

Number of Educators \_\_\_\_\_ Students \_\_\_\_\_ Others \_\_\_\_\_ Total \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Brief Description of your project:

How does this project foster innovation and excellence?

What is the goal of your project? Who will it benefit? What specific outcomes are you looking for? How will this project benefit educators and/or students in the long term?

Anticipated start date: \_\_\_\_\_ Expected completion date: \_\_\_\_\_

If CEEF funding for your project is not continued in future years, what funding would be necessary and from where might it come?

How would you plan to provide CEEF with feedback about the success of your program?

Have you shared your grant idea with you colleagues and the principal of your school? \_\_\_ Yes \_\_\_ No

In the event that you could not fulfill your obligation to administer a grant awarded you, who would you designate to take over the administration of the grant award?

**Proposed Budget**

**COST**

Supplies/Materials to be funded by this grant: \$ \_\_\_\_\_

Purchased Services (consultants, speakers) \$ \_\_\_\_\_

Time (Reimbursement for faculty/staff time is allowed up  
To \$20/hr for a reasonable amount of time) \$ \_\_\_\_\_

Equipment: (Purchased equipment remains the property  
of the Cape Elizabeth Public Schools) \$ \_\_\_\_\_

Are you applying for funding elsewhere?  
If so, please list name and amount requested. \$ \_\_\_\_\_

Total Cost of Project: \$ \_\_\_\_\_

Less funds requested  
from other sources: (\$ \_\_\_\_\_)

Net Amount requested  
from CEEF: \$ \_\_\_\_\_

Date(s) on which funds  
Are needed for Project: \_\_\_\_\_

Submit completed applications by October 13<sup>th</sup> to  
Cape Elizabeth Education Foundation  
P.O. Box 6225  
Cape Elizabeth, Maine 04107  
Or via email: [grants@ceef.us](mailto:grants@ceef.us)